

## **Family Constellation Work** **Release of Liability**

***"I take full responsibility for my experience"***  
***"I am free to leave at any time during a session"***

**Confidentiality:** As a member of this workshop/training, I will not repeat outside this class other members' names or specific information shared in the group. I agree to respect the confidentiality of others, as I would want them to respect mine.

I understand that Family Constellation Work may bring up issues of a highly personal nature that may cause me to experience some temporary mental, emotional, physical or spiritual stress. Furthermore, I understand that such stress may also cause unexpected or unpleasant mental, emotional or physical responses in me. I understand that there is risk of accident, injury, and emotional distress. I agree to assume this risk. I hereby release Mark Wolynn from all liability for any illness, injury, stress or other physical or emotional condition that may occur in connection with my participation in Family Constellation Work.

I herein state that I do not currently suffer from, or that I have been diagnosed with, any illness, disorder or condition, either physical or mental, that might make it inadvisable for me to assume such risks.

I understand that although this work may be therapeutic, it does not take the place of a doctor's care. Information exchanged during a session is educational in nature, and is intended to help me become more conscious of my own mental and physical health process, and should be employed at my own discretion. I understand that Mark Wolynn is not a psychologist, and that this therapy is not a replacement or a substitute for conventional therapy or as a substitute for any other professional consultation. It is designed as an education venue only.

By signing this release, I willingly agree to hold harmless and release Mark Wolynn, The Hellinger Institute of Western PA, The Hellinger Learning Center and The Medical Hypnotherapy Center, Jill Gannon, the organizers, facilitators, and all participants in the constellation work from all liability whatsoever.

I have read and understand this release form, and by my signature consent thereto.

Participant signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_