



**Mindful Self-Compassion – Short Course**  
**Offered by Jean Leonard, Ph.D., LLC**  
**PARTICIPANT INFORMATION FORM**

4. Have you ever received treatment for a mental health concern(s)?  Yes  No  
If yes, please share any information you think it would be helpful for me to know, especially ways your current or past mental health may impact your experience in the class.
5. Do you have any questions or concerns about the class? Is there anything else that would be helpful for me to know at this time?

**Registration Process:**

**Investment: \$275**

- I recognize that many have been financially impacted by COVID-19, the fires and financial uncertainty. If you are facing financial hardship, please contact me as I have a modest scholarship fund available. (If you can pay more, I welcome your generosity, as it will help support me, and those who are struggling at this time by supporting the scholarship fund.)
- Payment can be made by via Paypal or Zelle: send money to [jeanleonardphd@gmail.com](mailto:jeanleonardphd@gmail.com).
- Your space in the class is not reserved until I receive both your application (Participant Information Form and Informed Consent Form) and payment. Refunds are not available once the class has begun.
- **Complete the Participant Information Form & Informed Consent (one document) and e-mail it to [jeanleonardphd@gmail.com](mailto:jeanleonardphd@gmail.com)**

**I have read and understand these terms of registration.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**INFORMED CONSENT AGREEMENT**

Mindfulness and self-compassion practice can provide benefits such as stress reduction, improved mood, increased distress tolerance and enhanced general well-being. Meditation can also result in temporary increased distress as one slows down, turns towards one stressors and emotions. This class includes skill training in mindfulness and compassion exercises and methods as well as very gentle movement exercises. I understand that if for any reason I am unable to, or think it unwise to, engage in these techniques and exercises either during the weekly sessions offered by Jean Leonard Ph.D., LLC or at home, I am under no obligation to engage in these techniques nor will I hold the above-named individuals or facility liable for injury incurred from these exercises.

In signing this informed consent agreement, I attest that:

- I am planning to attend each of the six (6) weekly sessions.
- I will respect the privacy of others in the program and not share any identifying information or personal details shared by other participants during our sessions.
- I understand that if I have severe depression, suicidal thoughts, a serious psychological or medical condition, or previous psychiatric hospitalization, I should NOT attend this class without prior approval of my therapist or physician. In some cases, the instructor may decide that my condition is not suitable for involvement in a psycho-educational group and I will be excused from participation.

In case of an emergency, please provide an emergency contact:

<b>Emergency Contact Person:</b>	
Name: _____	Phone: _____
_____	
Relationship to me: _____	
_____	

\_\_\_\_\_  
**Participant's Name (please print)**

\_\_\_\_\_  
**Participant's birth date**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**