



Student Informed Consent and Release Agreement

This is a legal document, and you are expected to adhere to its terms.
Please keep a copy for your records.

Personal Information

First Name*: _____ Last Name*: _____

E-mail*: _____

Address: _____

Country*: _____

Phone: _____

Please initial that you have read each section and agree to the following:

_____ I am participating in the Somatic Experiencing® Training ("Training") and any event organized by Somatic Experiencing International ("SEI") of my own will and volition and voluntarily agree to all the terms and conditions of this Informed Consent and Release Agreement ("Agreement").

_____ I understand that my participation in or involvement with the Training may present a health risk to me. I elect to proceed with the Training at my own risk and I accept full liability for my participation and involvement with the Training.

_____ I agree that all personal information of any participant relayed within the Training is strictly and completely confidential. I understand that while the names of students and assistants in my cohort will be shared with other participants in my training, I shall not disclose any of this or any other confidential information to any other person or entity under any circumstances. I shall not make any recordings of any portion of the Training nor shall I duplicate, reproduce, distribute, publish, or discuss any of the confidential information contained in or related to the Training.

_____ I understand that SEI and/or the Organizer for the Training may take photographs at the Training and/or record this Training and/or demonstrations from the Training. SEI will hold the only authorized recordings of the Training and/or demonstrations. I understand that I have the right to refuse to participate in the photography or recording of the Training and/or demonstration at any time. I shall not make any audio, video, or other recordings of any portion of the Training and/or demonstrations.

_____ I agree that SEI shall not be liable or responsible for any unauthorized recording of the Training and/or demonstrations. I also agree that SEI shall have no liability or responsibility for the use or exploitation of any unauthorized recordings.

_____ **If I agree to participate in the Training as the subject of a demonstration, I am doing so voluntarily and at my own risk.** I understand that other students in my cohort may have access to a recording of the demonstration and that SEI is not liable for any unauthorized distribution of the recording by me or any third parties. I understand that the demonstration session may include questions about my personal trauma history and emotional, psychological, and physical symptoms I may be experiencing. I further understand that I am under no obligation to participate in the demonstration, that I may refuse to answer any question, and that I may pause or discontinue my participation in the demonstration at any time at my discretion. SEI has no liability or responsibility for my participation or involvement in any demonstrations and I accept that any result or no result may occur due to my participation or involvement.

_____ **I understand that the primary purpose for receiving credited Personal Sessions is educational**—to observe and experientially learn how SEI™ principles are applied in practice to support my professional training and development.

_____ **I understand and agree that all my sessions, meetings, and consultations with Personal Session and Case Consultation Providers (“Providers”) are undertaken at my own risk** and that SEI does not monitor, control, influence, or regulate Providers. I hereby release SEI and its related parties from any and all liability or responsibility for any acts or omissions of any Provider and any claims related thereto. I understand that SEI makes no representations or warranties about the characteristics or quality of the services I may receive.

_____ ***By participating in this training, I consent to having my name, email, and student attendance/completion records sent to SEI*** for credentialing verification and record keeping purposes.

_____ ***I consent to receive information from SEI such as reminders, upcoming trainings, and more.*** I understand that if at any point I no longer wish to receive information from SEI, there is an unsubscribe button in their emails.

_____ **In the event that SEI, its authorized representative, the Training Organizer, or faculty member requests that I discontinue my participation** and involvement with the Training, I will immediately leave the Training and the premises upon which the Training is being held.

_____ **I agree to abide by all SEI policies, procedures, and guidelines as posted on SEI website at traumahealing.org** as they pertain to the SE Training in my location. All SEI policies, procedures, and guidelines are subject to change without notice to me and will be updated on SEI website. I understand and agree that it is my responsibility to check the website for updates and that I am nonetheless expected to adhere to all such policies, procedures, and guidelines.

_____ **In the event that a grievance, complaint, or action has been brought or filed against me** before any licensing, regulating, associative, or legal body for any violation or misconduct related to my profession, I will report it by [emailing my Organizer](#). The Organizer may or may not share this information with SEI’s Legal Department on an as-needed basis. Based on the determination or outcome of the filed grievance, complaint, or action, I understand that I may or may not be able to attend SEI Trainings.

_____ **I understand that SEI is the exclusive owner or licensee of all materials utilized in the Training** including, but not limited to, all printed, audio, video, digital, online, and other materials (“Materials”). The Materials also include all duplicates, reproductions, and derivatives of the Materials, as well as any materials, research, books, articles, and other works of authorship, as well as products or services, created by SEI and related to the Training (collectively, “Materials”). SEI retains all rights in and to all intellectual property utilized or referenced in the Training and the Materials including, but not limited to, the copyrights in the Materials and all associated trademarks. No Materials or any portion

thereof are sold or otherwise transferred, and SEI does not sell any title, ownership right, or interest in or to any of the Materials.

_____ **If I wish to present Somatic Experiencing in a public format or create a workshop/training that mentions/relates/explains SE**, I hereby agree and acknowledge that I must be approved by SEI to do so. Please email IPAdmin@traumahealing.org, for more information. I further agree to represent myself as a student of SEI until my SE certificate has been obtained, at which point I may call myself a SEP.

_____ **I agree, whilst in physical or online attendance at the Training or at any other event presented by SEI, that I will not advertise or promote trainings**, seminars, workshops, newsletters or any other goods and services for myself or on behalf of any other individual or entity, be it by verbal means or by the use of any other form of promotional material, including but not limited to flyers, leaflets, and online materials or links.

_____ **I agree that I will not use Artificial Intelligence (“AI”) tools or platforms as it pertains to SE™ trainings or materials**—including but not limited to generative AI, large language models, or automated summarization tools—in connection with SEI’s course materials, PowerPoints, or training resources. Further, I will not use AI to reproduce, rephrase, summarize, translate, or share any educational content provided by SEI or its Faculty. Lastly, I acknowledge that uploading course materials or training resources to any AI platforms or public sharing sites without express written permission is not allowed and will be considered a breach of academic integrity and SEI's intellectual property policies.

_____ **I understand and agree to provide SEI with emergency contact information for two (2) individuals.** I understand that this information is being collected in order to assure my safety and well-being during the course of the SE Training and that my listed emergency contacts will only be contacted if necessary in situations where Faculty, Assistants, SEI staff and/or students in my Training have reason to be concerned for my safety. I understand this information is necessary due to the nature of the SE Training which may present a health risk to me during a time where I may be alone, specifically in the online training format. I understand that the emergency contact information below will not be shared with any person outside of my cohort and SEI staff and will be kept confidential to the extent permissible by law.

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Secondary Contact Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

By submitting this agreement, I certify that all the information included in this agreement is true and complete. I agree to appear and act in a professional manner at all times while participating at Trainings with SEI, and/or interacting with SE Training students, faculty, staff, assistants, and coordinators, both within and outside of the Training environment. I acknowledge that SEI reserves the right to approve or deny any application, revoke approval at any time, and approve or deny the participation of any person, in its sole discretion, with or without cause, and in accordance with its policies and the law.

This Agreement is the only agreement between me and SEI regarding my participation in the Training, supersedes any other similar agreement, and cannot be modified except in writing by SEI. Should this agreement be translated, the English version of this document will prevail.

____ I Agree

Signature: _____ Date:
