

**Ann L. Dunnewold, Ph.D.**  
**8140 Walnut Hill Lane, Suite 100, Dallas, Texas 75231**  
**(214) 343-1353 FAX (214) 221-7188**

**CONSENT AND RELEASE**

I, \_\_\_\_\_, wish to participate in meditation training with Ann Dunnewold, PhD. I understand that this training is educational in scope and is not considered to be psychological treatment or therapy. By signing this document I consent to participate in this training. I understand that any inherent risks involved are my sole personal responsibility. I also understand that there are no guarantees of outcome for this training.

I understand that the non-refundable course fee is due in full at the first meeting. Any classes missed may or may not be scheduled as make-ups, and all reasonable effort will be made by all involved parties to complete all contracted group sessions. If you are unable to attend, please provide 24 hour notice. Private sessions cancelled or missed with less than 24 hours notice will be charged to me at the full rate.

I HEREBY release, discharge, and agree to save harmless Ann Dunnewold, PhD, her affiliates, employees, and agents from any liability or claimed liability in connection with the aforementioned meditation training.

THIS CONSENT AND RELEASE is intended to be of perpetual duration.

I ACKNOWLEDGE that I have read this Consent and Release prior to signing it and that I understand and agree to its contents.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

(Participant consent)

**GUARDIAN'S CONSENT**

I am the parent or legal guardian of the above-named minor and hereby approve the participation by my minor child, \_\_\_\_\_, subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ (cell) ( ) \_\_\_\_\_

