

NOTICE OF IMPORTANT INFORMATION

Please read the following information carefully and completely. If you have any questions, please contact the Program Director at Emmaus of Santa Barbara. Your participation in any of the Emmaus programs and/or retreats will indicate to us that you have a full understanding of the information below and have followed our suggestions.

The *Emmaus Experience* and *Retreats* are designed to shift human consciousness and awareness to higher levels of operations. Our interest is a changed person, a life that is transformed from the inside out. We provide a body of carefully planned activities and experiences that awaken program participants to higher stages of personal growth. Through a series of inspirationally challenging witness talks, short stories, affirmations, exercises, games, and intense, authentic self-disclosure in safe group settings, Emmaus program participants open themselves up to quantum leaps in inner awareness and outer manifestations.

The Emmaus programs are based on a philosophy of the unconditional acceptance of each individual in a small group setting, in which a purposefully created “*safe space*” allows for maximum authentic sharing of one’s own personal life experiences. This small group setting is intended to accelerate healing and advance the journey of self-discovery and self-creation.

Although safeguards have been taken to minimize difficulties and every effort is made to enhance trust, comfort, safety, and ease, some participants may find the experience too challenging and, perhaps, even traumatic. This is a life-defining experience and as such we ask that you take adequate time to reflect on your reasons and readiness to undertake such a serious and rigorous process at this time. We ask you to ponder whether you are mentally, physically, and emotionally prepared to work closely in large and small group settings, where you will be asked to engage on a personal level and adhere to strict rules of confidentiality. We also ask you to reflect on your capacity to provide others with a “safe place,” acceptance, and a sense of belonging. **By attending the Emmaus program, we will understand that you have given the nature of the experience some serious reflection and have chosen to attend on your own responsibility and that you are fully aware of what you are undertaking.**

The Emmaus Experience is intended for individuals who are emotionally well. *The Emmaus programs are not therapeutic in nature, design, or intent.*

People who have a medical condition requiring them to eat, drink, or care for some special need more frequently than the regularly scheduled breaks allow, or need special seating or must stand and stretch frequently, should notify the Program Director at least two weeks before the start of the program so that appropriate arrangements can be made.

In the program, you will share your personal feelings about fundamental issues that have been of interest and concern to people of your age group. In the course of such an inquiry, it is normal, from time to time, for some people to experience emotions such as enthusiasm, excitement, compassion, sympathy, empathy, fear, anger, sadness, or regret. Some participants may find the program physically, mentally, and emotionally taxing. If you are unwilling to encounter any of

the above experiences in yourself or in others, or have any concern about your ability to deal with such experiences, we recommend that you not participate in the program at this time.

If you or anyone in your immediate family has a history of mental illness or serious emotional problems, we recommend that you consult with a mental health professional about your ability to handle situations that involve intense personal self-disclosure. If you have any questions or concerns about your ability to handle these situations or those that may cause stress, we recommend that you do not participate in the program.

Please answer the following questions:

1. Have you ever been hospitalized for psychiatric care or a mental disorder, or has a physician, psychiatrist, or mental health professional ever recommended such hospitalization to you? Yes No

If yes, what was the MOST RECENT YEAR that you were hospitalized for psychiatric care or a mental disorder or that such hospitalization was recommended to you by a physician, psychiatrist, or mental health professional? _____
Most recent year

2. Are you currently in therapy? Yes No
(If you are currently in therapy, you must advise your therapist that you are going to be in the program and you must get your therapist's assurance that he/she sees no health reason why it would be inadvisable for you to take part in the program. It is our intention here simply to serve your best interests by not adding any input your therapist does not know about.)

3. Have you ever been in psychiatric or psychological therapy and then discontinued that therapy against the advice of your therapist before it was complete? Yes No

If yes, what was the MOST RECENT YEAR that you were in psychiatric or psychological therapy and then discontinued that therapy against the advice of you therapist before it was complete? _____
Most recent year

I hereby agree to the above stipulations and all that they entail. I fully understand and agree to all of the terms and conditions.

Participants signature

Date (mm/dd/yy)