

Integrated Meditation Program (IMP) Participation Agreement

Please note that this is a sample written based on the Benefactor payment tier. The waiver you will be asked to sign will feature the same content but corresponding to your chosen payment.

Welcome & Purpose

The Integrated Meditation Program is designed to support your growth through meditation, community, and trauma-informed practices. The program is not designed to create a therapeutic relationship or to constitute psychological treatment or medical care. This agreement helps create clarity, mutual understanding, and safety for everyone involved. It outlines what you can expect from us, what we expect from you, and the safeguards that guide us.

Program Structure

Duration: 6 months starting March 21, 2026

Components: Big Group (3rd Saturday monthly), Mentor Group (4th week), Peer Group (1st week), buddy meetings, and three 45-minute one-on-one teacher sessions

Cost: You agree to pay \$334 per month within 10 days of being invoiced. *Note: This example shows the Benefactor tier. Your actual waiver will reflect your chosen payment tier.*

Agreement Term: This contract expires 12 months after the program starts.

☐ **I have read, understand, and agree to the Program Structure.**

Initials: _____

Safeguarding, Ethics, and Confidentiality

Commitment to Safety

Awakening Truth is committed to providing a learning environment that is emotionally, psychologically, and physically safe. We aim to prevent harm and to respond promptly, compassionately, and appropriately if harm occurs.

Respectful Conduct

Participants agree to uphold group agreements, respect personal boundaries, and engage with one another in ways that are free from harassment, discrimination,

coercion, or abuse. This includes refraining from any behavior that undermines the safety or dignity of others.

Non-Retaliation

No participant will be penalized, excluded, or treated unfavorably for raising concerns, asking questions, or reporting harm.

Grievance and Harm-Reporting Process

If a participant experiences harm, harassment, or has ethical concerns, they may submit a report using this [Confidential Report Form](#). Reports will be submitted to admin@awakeningtruth.com, reviewed by the Awakening Truth Ethics Committee, and steps will be taken to ensure safety and, where possible, repair, and resolution.

Confidentiality Obligations

Scope of Confidential Information: All personal stories, emotional disclosures, participant names, shared materials, proprietary exercises, and facilitator content are not publicly available.

Your Confidentiality Commitments:

- Maintain strict confidentiality of all participant identities in connection with their shares and program content
- Do not record, screenshot, or transcribe sessions
- Refrain from repeating others' stories in a situation where their identity can be revealed, without explicit permission
- Avoid unsolicited follow-up about things other participants have shared
- Protect personal and sensitive information

Duration: These confidentiality obligations continue indefinitely, even after program completion, unless information becomes public through other means.

☐ **I have read, understand, and agree to the Safeguarding, Ethics, and Confidentiality section.**

Initials: _____

Nature of Program & Professional Boundaries

What the IMP Provides: The Integrated Meditation Program is a meditation-based educational experience incorporating tools for co-regulation, metacognition, mentalization, and Ideal Support Figure (ISF) methodology. It's led by Amma Thanasanti with advisors Dr. David Elliott and Dr. Archer Maness.

Important Limitations:

- This program does NOT constitute therapy, psychological treatment, or medical care
- No therapeutic relationship is established between participants and program leaders
- Facilitators are meditation teachers not therapists, counselors, or healthcare providers
- You remain solely responsible for your mental, emotional, and physical wellbeing

Professional Practice Restrictions - Completion of this program does NOT qualify you to:

- Teach ISF methodology including using it while counselling people
 - Represent yourself as trained in psychological services
 - Provide therapeutic services to others (*A separate facilitator training will be offered in the future for those interested in leading aspects of the program.*)
- Professional ISF/IAT practice requires: valid psychotherapy license, formal IAT training, and licensing board approval.

☐ **I have read, understand, and agree to the Nature of Program & Professional Boundaries section.**

Initials: _____

Financial Terms & Withdrawal Policy**Payment Structure:**

- Monthly invoicing for 6 consecutive months
- No refunds for personally missed sessions

Withdrawal Terms:

- There will be a \$175 administrative deposit that will be refunded upon completion of the program (i.e., the sixth month's invoice is reduced by \$175).
- Awakening Truth reserves the right to terminate participation for non-compliance
- If you choose to leave the program early, your \$175 administrative deposit will not be refunded.

☐ **I have read, understand, and agree to the Financial Terms & Withdrawal Policy section.**

Initials: _____

Data Collection & Research

- We may ask you to complete optional surveys or assessments after the program completes to help track your personal progress, help us understand how well the program works, and improve it for future participants.
- Participation in assessments after the program (Schema, ECR, FFMQ quizzes) are completely voluntary
- All responses will be anonymized for program evaluation and research – your results will be stripped of personally identifiable information.

☐ I have read, understand, and agree to the Data Collection & Research section.
Initials: _____

Conflict Resolution & Dispute Procedures

Internal Resolution:

- [Use Communication Guidelines](#) for Peers to address peer conflicts
- Contact Ethics Committee via [designated form](#) for unresolved issues or staff concerns
- You are encouraged to complete these steps before seeking external resolution

Dispute Resolution: If we have a serious disagreement that can't be resolved through our internal process, we'll use binding arbitration instead of going to court. The American Arbitration Association will appoint an arbitrator if both sides can't agree on one. This means a neutral third party will listen to both sides and make a final and binding decision. The arbitration will take place in California through the American Arbitration Association, and both parties will pay their own costs unless the arbitrator decides otherwise.

☐ I have read, understand, and agree to the Conflict Resolution & Dispute Procedures section.
Initials: _____

Risk Acknowledgment & Assumption

Potential Risks: Participation may surface emotional material including unprocessed trauma, sadness, grief, or other emotional distress. While risks are generally minimal, you voluntarily assume these risks.

Your Responsibilities:

- Seek qualified therapeutic support if experiencing emotional distress
- Immediately contact a therapist or emergency services (call 911) if experiencing thoughts of self-harm or harming others

Program Limitations: Staff are not qualified to provide crisis intervention or emergency mental health services. Referrals for psychological support may be offered, but program staff are not responsible for providing therapeutic care.

- **Do you have a therapist? (Yes/No):** _____
- **Emergency contact: (Name & Phone)** _____

☐ **I have read, understand, and agree to the Risk Acknowledgment & Assumption section.**

Initials: _____

Release of Liability & Legal Protections

Release of Claims: By participating, you agree not to sue or make legal claims against Awakening Truth, Amma Thanasanti, instructors, advisors, board members, staff, or anyone else involved with the program for any problems that might arise from your participation, including emotional, psychological, or physical impacts. This release applies to any and all claims, known or unknown, arising from or related to participation.

Liability Limitations: In the event that you have a valid legal claim against us, you can recover up to the amount you paid us in the past 12 months (minimum \$100). We're building this program on trust, mutual growth, and personal responsibility.

Your Responsibility: You're choosing to participate knowing there are risks, and you take full responsibility for your wellbeing during and after the program. You understand

that we don't guarantee any specific results, transformation, or healing as outcomes depend on each participant's own effort.

☐ **I have read, understand, and agree to the Release of Liability & Legal Protections section.**

Initials: _____

Legal Provisions

Governing Law: California State law

Severability: Unenforceable provisions don't invalidate remaining terms

Entire Agreement: This document represents the complete agreement regarding participation, liability, and risk assumption by the parties.

☐ **I have read, understand, and agree to the Legal Provisions section.**

Initials: _____

Participant Acknowledgment & Consent

By signing below, you confirm:

- ☐ I have read and understand this agreement and am signing voluntarily
- ☐ I am at least 18 years old and mentally competent to enter this agreement
- ☐ I understand my participation is voluntary and I may withdraw (subject to financial terms)
- ☐ I take full responsibility for my wellbeing and release all program entities and facilitators from liability
- ☐ I understand this program doesn't qualify me to practice therapy or teach these methods

I CONSENT TO PARTICIPATE IN THE INTEGRATED MEDITATION PROGRAM.

- **Participant Name (Print):** _____

Signature: _____ **Date:** _____

Therapy Referral Resources

- IAT Institute Therapist Directory: <https://www.iat-institute.com/>
 - They maintain a database of fully trained Integrated Attachment Therapists
- Mettagroup Ideal Parent Figure Facilitator Directory: trained by George Haas (who trained with Daniel Brown)
<https://www.mettagroup.org/ipf-facilitators-directory>
- [Somatic Experiencing Practitioners](#)
- [Cognitive Processing Therapy Providers](#)