

Integrative Restoration Institute

Date _____

I _____ (the “Student”) hereby acknowledge that _____ (the “Teacher”) is studying to become certified as an iRest teacher and I have volunteered to assist in that certification process by being part of a dyad co-meditation of iRest.

I am aware that the sessions in which I will be volunteering will be recorded and that the recordings will be shared with the Supervisors of Integrative Restoration Institute (IRI) for the purposes of assessing the effectiveness of the sessions led by the Teacher.

I hereby consent to the recording of the sessions by the Teacher and the sharing of those recordings with IRI Supervisors solely for the purposes of assessing the Teacher’s effectiveness in delivering the iRest protocol to groups to individuals.

I understand that the recordings will not be used for any other purposes unless a further consent in writing is obtained from me.

Signature of the Student

Signature of the Teacher