A Woman Who Loves

Liability Release and Agreements

Name: _____

Event: _____

A NOTE TO PARTICIPANTS

Welcome!

This agreement is intended to support a safe, respectful, and meaningful experience for everyone involved. It outlines shared understandings, personal responsibilities, and important guidelines that help create the trust and integrity of this work.

We invite you to read it carefully—not just as a form to sign, but as part of the container we are creating together.

GENERAL AGREEMENTS

1. AWARENESS AND ACCEPTANCE OF RISKS

I voluntarily choose to participate in the A Woman Who Loves experiential personal-growth program ("THE EVENT") offered by Brothers on a Road Less Traveled ("Brothers Road").

I recognize that participation involves inherent risks—both known and unknown—including those arising from physical, mental, and emotional activities, along with risks associated with the venue, facilities, materials, personal interactions, and the natural health risks of being in a group setting.

I understand that this type of personal-growth work often brings up strong emotions, including difficult or previously unprocessed memories and feelings. I recognize this is a normal part of personal-growth and inner-healing work.

Nevertheless, I choose to participate willingly; to express reservations, concerns, or questions as needed; and to accept full responsibility for my choices, safety, and well-being.

Initial: ____

2. PEER-LED EXPERIENCE, NOT THERAPY

I understand that THE EVENT is peer-led and that its leaders, facilitators, and volunteers are NOT professional therapists or licensed counselors—OR, even if a facilitator happens to be a licensed professional in his everyday work, I understand that he is not serving in that professional capacity at THE EVENT.

I understand that THE EVENT is not a substitute for professional therapy, counseling, or mental health treatment.

Initial: ____

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3. NOT A GAY-TO-STRAIGHT PROGRAM

I understand that Brothers Road programs are not designed to change anyone's sexual orientation.

I understand that a core value of the Brothers Road organization is to support men and their families in aligning their sexuality with their personal faith, values, morals, and life goals.

For some men, this may include a desire to reduce or better manage aspects of their sexual thoughts or attractions that feel out of alignment with those values. For others, it may involve developing greater self-acceptance, understanding, and a sense of peace with their sexuality.

I understand that this process is personal and self-directed, and that each participant chooses for himself how to relate to his sexuality in a way that feels consistent with his own faith, values, beliefs and life direction.

I understand that Brothers Road does not view homosexuality as a mental illness or disorder and does not support compelling anyone to try to change his sexual orientation.

Initial: ____

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4. NO GUARANTEED OUTCOMES

I understand that outcomes vary and that no specific results or outcomes can be promised.

Initial: ____

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5. PERSONAL RESPONSIBILITY

I understand that I am responsible for my own experience of THE EVENT—how I engage in it, how it affects me, and what I choose to do with the experience afterward in support of my continuing growth and well-being.

I also take responsibility for communicating with facilitators if concerns arise during or after the event, and for taking reasonable steps to care for myself and address those concerns.

Initial: ____

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6. CHOICE, BOUNDARIES, AND PARTICIPATION

I may choose to "pass," step away, or choose not to participate in any part of the program.

I acknowledge that leaders and facilitates may gently challenge my motives but will respect my boundaries and affirm my right to choose for myself

Initial: ____

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7. EXPERIENTIAL NATURE OF THE PROGRAM

I understand that THE EVENT is an experiential program that uses participatory and confidential processes to support self-discovery, understanding, and personal growth.

Because of the experiential nature of the program, activities are intended to be understood through participation rather than explanation in advance. As a result, I often won't know the full agenda or details of each process ahead of time.

If this should cause me excessive distress, I understand that I am welcome to address this with a facilitator, who will make a good-faith effort to answer my questions so I can decide how or whether to participate.

Initial: ____

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8. PERSONAL BOUNDARIES REGARDING PHYSICAL CONTACT

I understand that, at times during THE EVENT, there may be an optional opportunity to receive non-sexual, supportive physical contact (fatherly or brotherly holding) in small, supervised groups of men. These experiences are fully clothed and take place in a respectful, non-sexual context.

I understand that participation is entirely voluntary. I am free to decline, set limits, or decline to participate, and I take responsibility for communicating and honoring my personal physical and emotional boundaries.

Initial: ____

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9. HEALTH AND FINANCIAL RESPONSIBILITY

I confirm that I will take full responsibility for any medical or related expenses if any should arise due to my presence at or participation in THE EVENT.

I also acknowledge that I am responsible for considering any medical or physical conditions that could affect my safety, and for choosing whether participation is appropriate for me.

Initial: ____

CONFIDENTIALITY AGREEMENTS

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10. RESPECTING PRIVACY

I agree to keep confidential all names and identifying information of those participating in the A Woman Who Loves program—unless I have first received their express permission to share this information with specific individuals, or unless they have already made their involvement public.

I also agree to maintain the confidentiality of what others experience during the program, as well as anything they choose to share about themselves. This commitment applies to all participants, leaders, facilitators, and volunteers.

Initial: ____

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11. PROTECTING THE EXPERIENCE FOR THE NEXT MAN

I agree to forever keep confidential all specifics about the actual processes and activities used in the course of THE EVENT.

I understand that this is to preserve the confidentiality of the program's processes and activities for others who may participate in the future, so that it is more likely to have the most positive impact on their lives.

Initial: ____

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12. NO RECORDING OR PUBLIC SHARING

I will not record or publicly share event content without permission, while remaining free to share my own personal reflections respectfully.

Initial: ____

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13. ACCOUNTABILITY FOR CONFIDENTIALITY

I understand and agree that if I breach these confidentiality commitments, whether intentionally or unintentionally, I will promptly inform the Executive Director of Brothers Road so that appropriate steps can be taken to address the situation with integrity and care.

Initial: ____

LIABILITY RELEASE

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14. RELEASE OF LIABILITY

I agree to release and hold harmless:

- Brothers on a Road Less Traveled and it's a Woman Who Loves and other programs
- _____ [camp, retreat center or venue]
- the organization's board members, leaders, staff, facilitators, volunteers, contractors, and representatives

- and others affiliated with the organization or event

from claims or liabilities that may arise in connection with my presence at or participation in THE EVENT, including travel to and from the event and use of facilities or equipment.

This agreement applies to me and, where applicable, to my family members, heirs, and representatives.

Initial: ____

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15. ARBITRATION

I understand that if I have concerns or disputes related to this agreement, I will first make a good-faith effort to resolve them with Brothers Road leadership.

If those efforts do not lead to resolution, I agree that any further dispute will be resolved through binding arbitration in the state of Virginia, or another mutually agreed-upon location, rather than through a court proceeding.

Initial: ____

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16. MANDATED REPORTING

I understand that some participants may be mandated reporters, and that their legal or professional obligations may override this confidentiality agreement.

For example, disclosures involving harm to others—especially minors—may be reported to appropriate authorities. This generally does not apply to disclosures of having been a victim of abuse.

Mandated reporters will otherwise honor this confidentiality agreement to the fullest extent possible.

Initial: ____

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17. ACCURATE INFORMATION AND GOOD-FAITH PARTICIPATION

I have provided my true name and accurate information. I confirm that my responses to all questions have been truthful.

I confirm I am not attending under false pretenses or with the intent to observe, report on, or undermine the program or its participants.

Initial: ____

FINAL ACKNOWLEDGMENT

I have read this document, understand it, and agree to its terms.

Name: _____

Signature: _____

Date: _____