Maintain Integrity Business Solutions, Inc.

Video Life Skills Conference Sessions/Voice Release Agreement

My signature below indicates that I give my permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Life Skills Expert) to provide Life Skills sessions. I am fully aware that these sessions are in no way equipped to treat severe mental health diagnoses. I further understand that these Life Skills sessions will be used to assist me to develop practical Life Skills. I am aware that my Life Skills services are not for the treatment of any mental severe health-related diagnosis listed on this form below.

Confidentiality and Privacy: I understand that my participation and verbal interaction within this session will be protected and kept confidential. I also understand that my information will not be shared on social media for the world to view my life.

I now consent Maintain Integrity Business Solutions, Inc. to perform a Video Life Skills Conference Sessions.

I confirm that I am over the age required by law in this state to enter into binding agreements. I have no conflicting contractual obligations that would interfere with receiving Life Skills Services with Maintain Integrity Business Solutions, Inc. I as a result of this release Maintain Integrity Business Solutions, Inc., from any liability arising out of any life changes due to receiving Life Skills Sessions per this Release Agreement. Life Skills are not to treat any of the mental health diagnosis below, and I agree with this entire agreement.

Mental Health diagnosis is as followed:

Mood Disorders, (such as Depression, or Bipolar Disorder)

Anxiety Disorders,

Personality Disorders,

Psychotic Disorders (such as Schizophrenia)

Eating Disorders

Trauma-related Disorders (such as Post-Traumatic Stress Disorder)

Substance Abuse Disorders

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Signature Phone Date: