



SAGE Dementia Consulting

*Providing education, support, and resources
to guide you on your dementia care journey*

VIRTUAL SUPPORT GROUP AGREEMENT

READ CAREFULLY. THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY AND LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE SAGE DEMENTIA CONSULTING AND OTHER WAIVED PARTIES.

For and in consideration of allowing me to participate in an online virtual support group hosted by *Sage Dementia Consulting*, I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I understand and acknowledge that this activity is not therapy nor a therapeutic group, and that no client/therapist relationship is formed by my participation.

The information provided to me is educational only and does not constitute the provision of medical, psychological, or other professional health care treatment services.

In exchange for allowing me to participate, I hereby waive and covenant not to sue, and further agree to indemnify, defend, and hold harmless, *Sage Dementia Consulting* and its officers, directors, employees, contractors, and volunteers (collectively, the "Waived Parties"), from any and all liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense, including court costs and reasonable attorney's fees of any kind or nature whatsoever (together and separately, "Liability") which may arise out of, result from, or relate to my participation. I further agree that if, despite this Agreement, I, or anyone on my behalf, make a claim for Liability against any of the Waived Parties, I will indemnify, defend, and hold harmless the Waived Parties from any such Liability which may be incurred as a result of such a claim that I might have against the Waived Parties or anyone associated with the virtual support groups.

I agree that I will not share the meeting login information or link with anyone and that I will not allow anyone to share my meeting connection. I will not invite family members or friends who are not group members to participate in the group.

I agree that I will be removed from a group if I allow others who are not participants in the group to hear the conversation or see the video screen and if I record the group or break confidentiality in any other way.

NAME (Print) _____ DATE _____

SIGNATURE _____

www.SageDementiaConsulting.org

Sage Dementia Consulting is a 501(c)3 non-profit organization. Tax ID 93-3481871