



International Paruresis Association, Inc.
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WORKSHOP RELEASE FORM

Event: IPA Workshop

Date: _____

Location: _____

Leader(s): _____

I, (print name) _____, understand this workshop or intensive is designed to assist me in understanding what paruresis is and to provide instruction in how to work to overcome it. I understand that I am fully and solely responsible for the results and decisions I make regarding my use of this process. I release the leader(s) of this workshop from any and all responsibility or promise and accept full responsibility for any change or decision now or ever made regarding the use of this information. I also understand that this is an educational workshop and not psychotherapy.

I also give the Workshop leader and the International Paruresis Association (IPA) permission to use any written data from the workshop for research purposes, understanding that my confidentiality will be respected.

(signature) _____

(date) _____