



# “IN THE LAND BETWEEN: WALKING THE LABYRINTH” YOUNG ADULT PARTICIPATION FORM



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Birthdate \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

How did you find out about COPE’S young adult program?

\_\_\_\_\_  
\_\_\_\_\_

What are you hoping for through your involvement in this group?

\_\_\_\_\_  
\_\_\_\_\_

For further information, please contact Pat Morrissey at [pat@landbetween.net](mailto:pat@landbetween.net) or 414-704-7640 OR  
Jan Valentine at COPE at [jvalentine@copeservices.org](mailto:jvalentine@copeservices.org) or 262-377-1477

**PLEASE COMPLETE PAGE 2**

**Please initial each of the following:**

\_\_\_\_\_ I understand that the purpose of “In the Land Between: Walking the Labyrinth” is to offer a safe, supportive, and confidential place where one can receive support, share knowledge and resources, ask questions, and meet other young adults who are dealing with mental health concerns. Members will be given the opportunity to connect with peers, share and listen to each other’s personal experiences and stories, watch and discuss Ted Talks, use creative and healing artistic resources, engage in discussions, and share poetry and readings of the heart. Hopefully these sessions will help to empower each other, build relationships and offer peer support.

\_\_\_\_\_ I understand that this group is not run by licensed health care professionals

\_\_\_\_\_ I understand that should a situation arise where I become a threat to my myself or others, that a call will be made to my emergency contact or first responders.

\_\_\_\_\_ I agree that if I am a threat to myself or others, that I will see a professional counselor/therapist and make known to the facilitator(s) the name of this licensed care professional. **Failure to follow through on this might result in your being asked to leave the group.**

\_\_\_\_\_ I agree to follow the rules of confidentiality. Everything that is said in the group stays in the group. I may talk about the topic of discussion, but I may not say anything about another member of the group. I agree to respect the rights of the other members of the group. **If this rule is broken, I understand that I may be asked to leave the group.**

\_\_\_\_\_ I agree to remain chemical free during this group.

\_\_\_\_\_ **I hereby agree to hold harmless, defend, and indemnify COPE Services, Inc., its employees, its volunteers, and any of its representatives from all damages of any nature, whether property damage, physical injury, or death, which may occur to or caused by my actions while participating in this program, sponsored by COPE Services, Inc.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**