

BreakThrough Participant Online Course Waiver

I, the undersigned participant, acknowledge that I am volunteering myself as a participant for demonstration purposes in an online course as taught by an Instructor of the International BodyTalk Association (IBA). I understand that as a participant volunteer in the course (seminar name) _____ with (Instructor name) _____ on (course dates) _____ that I will be utilized for the purposes of being led through a BreakThrough 7 Steps process and will be seen on video by all registered course participants. As such, I agree to the terms laid out below.

- I will not video record all or any part of the course due to strict international guidelines that respect student confidentiality and privacy.
- I understand the Instructor will not provide any video recordings of all or any part of the course to me, other students, or the IBA .
- I understand that the course is being audio recorded by the Instructor to share with the IBA only in the event of an Instructor Review, and I understand that if there is any Protected Health Information (PHI) or Personally Identifiable Information (PII) that I choose to share, that it will be a part of the audio recording and I have consented as such. I hold harmless the Instructor and the IBA for any information that may be shared by other students regarding the PHI and PII that I share.
- I understand that other students may share their own PHI and PII during the course and I agree to respect their privacy and confidentiality and will not share those details in any manner such as but not limited to: verbal, electronic or written format.
- Because the course will be conducted through Zoom and the audio recording of the course may be temporarily stored on the Zoom cloud, I acknowledge and agree to the terms of [Zoom's Privacy Policy](#).
- I understand that the Instructor will keep audio recordings of the course secure and that any sharing of the audio file with students or the IBA will be done through secure methods of sharing files.
- I understand that by signing this form, I give my permission to the Instructor to audio record the course and for the IBA to review said audio recording in the event that an Instructor Review is conducted for the purposes of quality control.

- I understand that by signing this form, I give my permission to other class students who have signed the Release Form to Permit Audio Recording (which is printed in partial below) to audio record the course.
- I understand and hereby consent that there is a risk that another student could abuse the privilege to make recordings of the course constituting a violation of the Student Waiver and take, use and reproduce photographs and audio and/or video recordings against my consent. No claim of any kind will be made by me against the Instructor or the IBA because of or arising out of the taking and use of these images, video, or audio by a student. This release is given in exchange for valuable consideration, including the course to which it applies.
- I understand that this release is binding upon me, and my heirs, legal representatives, and assigns.
- I understand than an IBA representative may attend portions of the Instructor's course.
- I understand that the online teaching format is a newer method of teaching for some Instructors of the IBA; as such, I understand that this may be a learning process for the Instructor and it may not go completely smoothly or without mistakes or interruptions.
- I understand that in order volunteer as a participant for the aforementioned course that I must return a signed, initialed and dated copy of this Waiver to the Instructor in advance of the course. *(Note, if you don't have a scanner, simply take a photo of the form on your phone and email or text it to your Instructor.)*

Printed Name

Student Signature

Date

Note that all students who sign the separate "Release Form to Permit Audio Recording" will have agreed to the following:

I agree that this audio recording shall be used solely for the purposes of individual private study by only the undersigned, and that the recording(s) shall not be sold, shared, transferred, re-recorded, or published in any way. I agree to save the recordings to a separate thumb drive or external hard drive and will not store them on my local computer where they are not secure. I agree to destroy the recordings when they are no longer needed for purposes of my private study. I agree that I am responsible for all costs associated with making the audio recording(s). I acknowledge that abuse of the privilege to make audio recordings of the course material constitutes a violation of the IBA's policies, as well as a violation of international guidelines that respect student confidentiality and privacy. I acknowledge that such violations will, at a minimum, result in the loss of such privileges in the future with any IBA Instructor, and may involve legal action.