

Shadow Magicians - Contracting

Welcome to Shadow Magicians! We believe the journey that you are about to take towards greater self-awareness and increased empathy has the potential to be truly life-changing.

In order to foster a safe and productive environment, we have several important parameters that we need you to acknowledge and agree to.

- I understand that Shadow Magicians is a **peer-facilitated, educational** setting designed for promoting growth in emotional literacy and and self-awareness.
- I understand that Shadow Magicians is **NOT therapy** nor is it a substitute for professional therapy or counseling. I will not modify or discontinue any current therapy or medication as a result of taking this course without first consulting with my psychiatrist, doctor, therapist, etc.
- I will take care of myself and will participate in the course exercises only to the degree I judge is helpful for my own well-being. I am responsible for speaking up if I judge that psychological or physical safety is at risk. I can call “safety” at any time to stop what we are doing and address the situation.
- I agree to seek help from MIT Mental Health and Counseling (617-253-2916) or other mental health professional if my participation in Shadow Magicians triggers me to have thoughts of harming myself or others, experience depression, severe mood swings, prolonged anxiety or other conditions which threaten my mental health.
- I understand that it is in my best interest to give myself ample time to process and digest any new self-awareness that I gain from Shadow Magicians before making any major or sudden life changes (e.g. beginning or ending a relationship, changing jobs, dropping out of school, moving, etc).
- I understand that Shadow Magicians places the utmost value on protecting confidentiality. I also understand that should I disclose intent to harm myself or others or disclose information about abuse to children or elderly individuals, the staff of Shadow Magicians will relay this information to the proper authorities, as required by law.

I hereby acknowledge and agree to the above statements.

Signature: _____ Date: _____

Printed name: _____