

# AGREEMENT FOR CONNEXIONS CLASSROOM RECOVERY GROUP

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I, \_\_\_\_\_ agree to the following arrangement with  
Connexions Classroom.

- I will pay my tuition of \_\_\_\_\_ per week one month in advance in order to secure my place in the group.
- I commit to attend group for a minimum three (3) months continuously.  
I will pay for my first 3 months of group tuition up-front before attending.
- My payment will be charged to a credit card I provide prior to my first group every month.
- I understand that, like tuition, I am expected to pay for all groups, whether or not I am present. Extenuating circumstances will be considered on an individual basis, according to the urgency of the circumstances.
- I will pay for all collections fees or attorney fees incurred should the need arise to send my account to a third party for collection.
- I understand I may not discuss any group issue with any other party, including family members or partners
- I understand I must be consistently present at group, that I must not break into subgroups (i.e. dating other members, or meeting with other members outside of the group), and should not be chronically late.
- I understand two consecutive unexcused absences, without prior discussion with the coach and group, will result in expulsion from the group. I realize I may reapply to the same group if I am willing to commit to function as part of the group.
- I realize group will typically be rescheduled if the group meeting falls on a major holiday, and I will plan on attending at the designated time.
- I understand the law may require my coach to notify authorities if I reveal I am abusing children or have express intent to harm myself or other people.
- I understand that if I share information, outside of the group, about an individual in the group, that individual may have grounds to bring legal action against me. I agree to hold information I received from group members confidential and that I will not share any information with anyone who is outside of my group or with other group members outside of the group.
- Upon initialing this box, I give permission for my statement and any other correspondence from the Connexions Coaching staff to be received through email, fax, texting, and any other form of electronic communication.

Upon initialing and signing this form below, I am releasing confidentiality to the person I have indicated below. I am requesting that my statement and any correspondence connected to paying for this bill incurred, will be communicated with them to the extent of the bill being paid.

Name of third party for paying bill: \_\_\_\_\_

I agree to have no sexual contact with other group members. Exceptions apply only to those whose legal spouses are also participating in the group. I understand if I violate this condition, I will be required to discontinue participation in the group.

I surrender to the wisdom of the treatment team to help me make the best decisions for myself.

I commit to abstinence from all addictions including fantasy and lusting. I understand my recovery is my primary responsibility.

I understand group coaching is often intense and uncomfortable. I commit to being responsible for my own emotions. I hold the facility, group and coach harmless for any discomfort in the group setting.

\_\_\_\_\_  
Signature of Group Member

\_\_\_\_\_  
Print Name of Group Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Group Leader