



Participation Agreement

(Salish Cancer Center Peer Support Program)

I, the individual identified below, understand that as part of the **Salish Cancer Center Peer Support Program** (the "Program"), Salish Cancer Center ("SCC") will connect me to one or more of the Program's other participants ("Participants"). I understand that the Program is designed to allow me to receive peer support from another Participant and does not at any time replace or fulfill information, treatment, and other services needed from my physician(s) and other health care professionals.

By participating in the Program, I understand and agree that I am fully responsible for my physical and mental wellbeing while I am receiving peer support, including for all my choices and decisions that may arise from or otherwise relate to the peer support I receive.

I am aware that I can choose to stop participating in the Program at any time.

I understand and agree that the Program is designed to match me with a Participant who may share similar experiences to my own and can provide support to me related to their experience. I understand that peer support is not a healthcare service and does not involve diagnosis, assessment, or treatment of any condition. I understand that peer support is not to be used as a substitute for my medical treatment and I will not use it in place of my medical treatment. I expressly assume the risks of my participation in the Program.

I understand that during my participation in the Program, another Participant may share information about themselves with me that is confidential. I agree to maintain the confidentiality of any information I learn about another Participant while participating in the Program.

I agree that I will act in a courteous and respectful manner towards all Participants.

I release SCC from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, I ever had, now have, or will have, arising from my past, present, or future participation in the Program, or otherwise with respect to the Program.

By signing below, I acknowledge that I have read, and agree to be bound by, this Participation Agreement.

Name (print): _____

Signature: _____ **Date:** _____

