GGN LEGAL AND POLICIES · L05 · PUBLIC PROGRAMS

Program Acknowledgment and Release (Combined Form for All Public Programs)

One form a learner signs to acknowledge the boundaries of each GGN public program.

Template for review by a licensed attorney before use. This is a GGN template, not legal advice. Bracketed items such as [GGN LEGAL ENTITY NAME] must be completed. Laws differ by state and country.

Issued by	[GGN LEGAL ENTITY NAME], doing business as The Global Grief Network
Applies to	One combined form for: GGN Lantern: Mental Wellness Literacy for Grief; Nervous System Regulation While Grieving; Trauma-Informed Grief Support; Ways We Carry Love: Giving and Receiving Support After Loss
Effective date	October 26, 2026
Last updated	[LAST UPDATED DATE]
Governing law	[GOVERNING STATE: Colorado, placeholder because GGN is based in Fort Collins, Colorado; attorney to confirm]
Version	1.0 (GGN Legal and Policies set, October 2026)

Use this one form for any GGN public program. Initial Section A and the section for each program you are taking, then sign at the end.

Learner full name _____

Email _____

GGN educator (if educator-led) _____

A. For every program

- I understand this is a Global Grief Network program of education and peer support. It is not medical care, mental health treatment, or counseling, and it does not diagnose or treat any condition.
- I may skip, pause, or stop any part. Practices are invitations.
- In a crisis in the United States I will call or text 988, and in an emergency I will call 911. Outside the United States I will contact local emergency services.
- A Certificate of Completion is not a license, clinical credential, or continuing education credit.

Initials: _____

B. GGN Lantern: Mental Wellness Literacy for Grief

☐ I am taking this program.

I understand the program teaches me to notice when grief and mental health concerns meet, to talk with care, and to connect people with help. It does not teach me to diagnose, to assess risk as a professional, or to counsel anyone. When someone may be at risk, my role is to stay with them if it is safe and connect them to 988, 911, or a licensed professional.

Initials: _____

C. Nervous System Regulation While Grieving

☐ I am taking this program.

I understand this is everyday self-care education for the public and families. Breathing, movement, and body awareness practices are gentle and optional. They are not medical or mental health treatment. I will check with my doctor first if I have a heart, lung, or other health condition, am pregnant, or feel unwell, and I will stop any practice that causes pain, dizziness, or distress. I will not use the program to diagnose or treat myself or others.

Initials: _____

D. Trauma-Informed Grief Support

☐ I am taking this program.

I understand this program is for the public, families, faith communities, workplaces, and volunteer teams. It teaches safer, steadier ways to support grieving people. It does not teach me to diagnose trauma, treat trauma, or do the work of a licensed professional. When someone needs more than support, I will help them connect with a licensed professional or a crisis service.

Initials: _____

E. Ways We Carry Love: Giving and Receiving Support After Loss

☐ I am taking this program.

I understand Ways We Carry Love is an original GGN framework for how people give, receive, and recognize support after loss. It is a reflection tool, not a personality test, a diagnosis, or a prediction about any relationship.

Initials: _____

F. Release

I take part voluntarily. To the fullest extent the law allows, I release The Global Grief Network, its founder, officers, staff, volunteers, and educators from claims arising from my participation, except claims arising from gross negligence, willful misconduct, or anything that cannot be released by law. This form works together with the GGN Learner Enrollment and Participation Agreement. Governing law: [GOVERNING STATE: Colorado, placeholder because GGN is based in Fort Collins, Colorado; attorney to confirm].

LEARNER

Signature _____

Printed name _____

Date _____

PARENT OR GUARDIAN (IF LEARNER IS UNDER 18)

Signature _____

Printed name _____

Date _____

Electronic signatures and copies have the same effect as originals. In the fillable PDF, typing your full name in the Signature box is your electronic signature. [Attorney: confirm e-signature process.]

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