



ieata

International Expressive Arts Therapy Association

WAIVER OF LIABILITY

I, _____, agree to hold the International Expressive Arts Therapy Association (IEATA) and IEATA Board Members harmless and release them of any responsibility, financially or legally, should I become involved in any legal actions against me related to my professional role as a Registered Expressive Arts Therapist (REAT).

I also confirm that I currently have Professional Liability Insurance, and have enclosed a copy of my “Certificate of Insurance” (Proof of Coverage) form for my professional file.

I do not currently have Professional Liability Insurance because *(initial all that apply)*

I am not currently practicing as a therapist _____

I am retired and am not practicing _____

I am currently covered by insurance through my employer _____

Signature

Date

CODE OF ETHICS

I, _____, have reviewed the IEATA Code of Ethics for Registered Expressive Arts Therapists (found on the IEATA website at www.ieata.org/reat-ethics.html) and agree to respect and uphold the outlined Code of ethics when offering my services as an Expressive Arts Therapist.

Signature

Date

Please mail this signed document and proof of insurance coverage (if applicable) to:

Laury Rappaport, PhD, REAT, ATR-BC
PO Box 320399
San Francisco, CA 94132

The Professional Standards Committee for Expressive Arts Therapists

c/o Laury Rappaport, PhD, REAT, ATR-BC
PO Box 320399, San Francisco, CA 94132
reat@ieata.org www.ieata.org