*By participating in the Anger Management 818 program, group members are expected to follow the acceptable policy terms. Please note that Anger Management 818 may, in its sole discretion, with or without notice, terminate participant’s continuation of the program.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge and understand Anger Management 818’s program policy. I have received a copy of the program policy.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Print) Signature Date