

Temple of Devotion

Retreat Participant Agreement

DECEMBER 11-14, 2026 / HENRY, ILLINOIS

FACILITATOR: MARISSA ROSE

This agreement supports a respectful, caring space for exploration and connection. We enter this experience with a shared commitment to personal choice, clear boundaries, and care for one another. No agreement can guarantee emotional or physical safety, but clear expectations help us practice responsibly together.

01 Nature of the Retreat

This retreat explores embodiment, sensuality, and eros. Practices that may be offered include yoni steaming, self breast massage, self yoni mapping, and mindful erotic practice. All erotic and intimate touch practices are self-directed and involve touching only your own body. Any partnered touch practices will take place fully clothed.

All practices are optional, including nudity. Each practice will be explained before it begins so I can make an informed choice about participating, ask questions, or request an alternative.

I confirm that I am at least 18 years old.

02 Consent & Personal Choice

I am responsible for listening to my own embodied consent: noticing my willingness, hesitation, comfort, discomfort, and desire to pause or stop. I do not need to push past my boundaries to belong or participate meaningfully.

I may decline any practice, remain clothed, modify my participation, take a break, or stop at any time without explanation or judgment. If I feel uncertain, I may pause and take time to decide.

My responsibility to listen to myself does not remove anyone else's responsibility to respect my boundaries. If I become overwhelmed, freeze, or have difficulty speaking, this does not indicate consent.

Signing this agreement does not give advance consent to any practice or touch. Facilitators and participants will respect my choices without pressure or persuasion.

Privacy, boundaries & care

03 Self-Touch, Partnered Touch & Optional Nudity

Intimate and erotic touch practices involve self-touch only. I choose whether and how to engage within the explained boundaries of each practice. Facilitators and other participants will not touch my breasts or genitals as part of these practices.

Any partnered touch practice will be fully clothed and requires explicit verbal consent for the specific touch involved. Clothing does not replace the need for consent. I will ask before touching another person and stop immediately if they withdraw consent or if their willingness becomes unclear.

Nudity is optional and limited to designated private practice spaces. I may remain fully or partially clothed throughout. Another person's nudity or sensual expression is never permission to touch them.

I will respect others' privacy and boundaries and refrain from commenting on their bodies or sexual responses.

04 Confidentiality & Privacy

I agree to protect the privacy of other participants, including their identities, attendance, personal stories, and experiences.

I may share my own experience without identifying others or revealing their private information.

I will not photograph, film, or record retreat sessions. Any photography outside sessions requires separate, explicit permission from everyone included. Participation does not authorize the use of my name, image, or story in promotional materials.

Confidentiality does not prevent anyone from seeking confidential professional support, reporting harm or misconduct, or making disclosures required by law. When seeking support, I will avoid sharing unnecessary identifying information about others.

Wellbeing & participation

05 Emotional Wellbeing & Support

I understand that these practices may bring up strong emotions, memories, discomfort, or unexpected responses. No particular healing or transformation is promised.

The retreat is not a substitute for medical care, psychotherapy, or crisis support.

I am encouraged to notice my needs, communicate concerns when able, and seek support. Difficulty speaking, freezing, or becoming overwhelmed is a reason to pause and offer care, not a failure on my part.

Facilitators will explain the support available during the retreat and its limits. I may seek outside professional support before, during, or after the experience.

06 Health & Participation

I will communicate relevant access needs, allergies, or health considerations privately to the designated organizer so we can discuss appropriate accommodations and participation limits.

Before each practice, facilitators will explain what it involves, relevant risks, and circumstances in which participation may be unsuitable. I may ask questions or decline.

I understand that participation may involve physical and emotional discomfort or risk. I will make choices within my abilities and may stop whenever needed.

My responsibility for my choices does not excuse another person's misconduct or remove the organizer's responsibility to provide appropriate care. This agreement does not contain a blanket release of liability.

Support contact during the retreat

Alternative contact for concerns involving the facilitator

I may report a boundary violation or safety concern without retaliation. I am not required to confront the person involved before seeking help.

Our shared commitment

07 Meals & Substances

Meals will be provided as described in the retreat information. I will communicate food allergies and dietary needs in advance. The organizer will confirm which needs can be accommodated before the retreat.

I agree to refrain from alcohol and recreational drugs during the retreat. This does not require stopping prescribed medication; medication decisions belong with my prescribing clinician.

08 Shared Care & Group Agreements

I agree to treat others with respect, honor the schedule while attending to my needs, and respect shared spaces.

I will not pressure anyone to disclose personal information, remove clothing, accept touch, or participate in a practice.

Harassment, coercion, unwanted touch, and retaliation are not acceptable. Organizers may stop an activity or remove someone from participation to address unsafe conduct or violations of these agreements.

09 Acknowledgment

I have read this agreement and the description of the retreat's practices. I have had an opportunity to ask questions and understand the expectations and available support.

I choose to participate voluntarily. I understand that my consent remains mine to give, withhold, or withdraw throughout the retreat.

Participant full name

Participant signature

Date

Facilitator signature / Marissa Rose

Date

We honor this space by honoring each person's dignity, privacy, boundaries, and freedom to choose.