

Swift Hope

Statement of Understanding and Informed Consent

I understand that everything I state during this experience will be kept **confidential** and that I alone hold the right to release any information that comes from this time. I am also aware that the prayer partners are mandated by state law to intervene if he/she suspects that a child (under the age of 18 years) or an elder (over the age of 65 years), or a vulnerable adult, is currently endangered by abuse or if I am a danger to others or myself.

I understand that I am free to leave at any time and am here voluntarily, and am under no financial obligation. I am voluntarily accepting this offer of prayer ministry and understand that I am free to terminate participation at any time for any reason. I take responsibility for any consequences of prematurely terminating any spiritual intervention done on my behalf. I understand that once I leave this place of ministry, I assume full responsibility for any choices I make. I also accept responsibility for all aftercare and follow-up ministry.

I understand that the ministry I receive is not counseling, but prayer ministry. I have also been advised of the following:

- A. Distressing, unresolved memories may surface
- B. Some recipients have experienced reactions during ministry sessions that neither they nor their facilitators have anticipated
- C. Subsequent to the ministry sessions, the processing of incidents/materials may continue and other dreams, memories, flashbacks, feelings, etc., may surface.

I deem the persons leading this to be "encouragers" in the Christian faith, who are helping me assume my responsibilities in finding freedom in Christ. They are praying with me by my own request, based on my Christian worldview.

I hereby release the prayer partners from liability for all acts performed in good faith and without malice in connection with this ministry experience. I fully accept this ministry and do not hold anyone responsible for any outcome that may arise as a result of it.

Recipient Signature _____

PLEASE PRINT:

Recipient Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____