

## **INFORMED CONSENT FOR LAY MINISTRY**

*Must be signed by Ministry Recipient before first session*

To Whom It May Concern:

I have been given a clear explanation of what Immanuel and HeartSync Prayer Ministry consists of and would like this specific form of prayer ministry. I have been advised and understand that these ministries combine inner healing, prayer, early recollections and cognitive restructuring (changing the way I think about situations), and that it utilizes my own imagery and past experiences from a Christian perspective. The facilitator will not suggest pictures for me or suggest words for me to believe.

I have also been advised that distressing unresolved memories may surface through the use of these ministries, which could result in my experiencing emotional distress until it can be resolved. This may require multiple sessions.

Some ministry recipients have experienced reactions during ministry sessions that neither they nor their facilitator(s) may have anticipated, including a high level of emotional and/or physical sensations. Subsequent to the ministry session, the processing of incidents/material may continue and other dreams, memories, flashbacks, feelings, etc. may surface. I may find that my emotional state worsens before it improves, as I process the memory content of what may surface in my session.

I understand that I can only discuss issues pertaining to my session with my facilitator(s) while in a session – not over the phone or in social situations. If I choose, I am free to tell others about what God has done in my life through these ministries.

I agree that if I am currently taking medication or operating under the advice of a professional, I will allow this person to confirm any results of prayer received before altering an prescribed course of action.

I understand that the procedures used to give spiritual and emotional help through the use of the prayer ministry method may not be clinically demonstrated to guarantee results. While the ministry strives for excellence, the desired results cannot be guaranteed or promised. I understand I will receive prayer ministry, not counseling in any form, and that those providing ministry do not purport to be professional counselors.

I do not hold anyone responsible for any outcome that may arise because of this session(s) or future sessions. I do not hold the prayer minister, Jan Takle, or any intercessor(s), Immanuel or HeartSync responsible for any further or additional care I may need in the future. I take full responsibility for my life, health, and well-being now and in the days to come.

I understand I am free to terminate my participation at any time for any reason, and must take responsibility for any consequences of prematurely terminating spiritual intervention done on my behalf. Once I leave this place of ministry, I also accept full responsibility for any choices I make that may be detrimental to me. I am responsible for all aftercare and follow up ministry, since this ministry opportunity is limited to this particular period and does not involve any promise of future sessions.

Before commencing prayer ministry, I have thoroughly considered all of the above. With my signature below, I hereby consent and desire to receive prayer ministry.

My signature on this *Informed Consent* form is free from pressure or influence from any person or entity.

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Ministry Recipient Name (printed)	Signature	Date: / /
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Parent Name, if under 18 (printed)	Signature	Date: / /
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Facilitator Name (printed)	Signature	Date: / /
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Intercessor, if applicable (printed )	Signature	Date: / /
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## HOLD HARMLESS AGREEMENT

*Must be signed by Ministry Recipient before first session*

To Whom It May Concern:

*Please initial the lines provided to indicate your agreement and put your signature at the end of this Agreement Form.*

This is to certify that I voluntarily consent to participate in prayer ministry session(s) with Jan Takle, prayer minister \_\_\_\_\_

THE PERSON(S): I understand that the person(s) named in this Agreement are prayer partners or facilitators who are praying with me as I seek help from God. I understand that they are merely facilitating prayer ministry session(s) and do not purport to be professional or licensed counselors, therapists, medical or psychological practitioners. \_\_\_\_\_

THE PROCEDURE: I understand that the encouragement I receive from this person(s) is not counseling in any form, but prayer ministry. I understand that the procedures used to give spiritual or emotional encouragement to me or anyone present may not be clinically demonstrated to guarantee either short-term or long-term results. \_\_\_\_\_

PARTICIPATION IN PRAYER MIISTRY SESSION(S): I freely choose to participate in sessions in order to receive encouragement through prayer ministry, and understand that I have the option of terminating them, or this Agreement at any time. I realize that I must take full responsibility for any and all consequences of prematurely terminating my participation in pray ministry session(s). \_\_\_\_\_

DURING PRAYER MINISTRY SESSION(S): I do not hold the person(s) named in this Agreement responsible for whatever may emotionally, spiritually, mentally or physically manifest during any prayer ministry session(s) in which I may participate, now or in the future.  
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FOLLOWING PRAYER MINISTRY SESSION(S): I do not hold the person(s) named herein responsible for my well being at any time at any time during or following prayer ministry session(s). I take full responsibility for my life, health, and well-being, now and in the days to come. I am aware that the person(s) named in this Agreement have no obligation to provide ongoing prayer ministry, additional prayer ministry, ministry between sessions, or any other ministry, pastoral, counsseling, psychotherapy, or medical psychiatric services on my behalf following the prayer ministry session(s). \_\_\_\_\_

CONFIDENTIALITY: I understand that the person(s) named in this Agreement will keep confidential any personal information that may be shared by anyone during the prayer ministry session(s). I also understand that my facilitator(s) may need to consult their pastoral ministers. I am also aware that my facilitator(s) are mandated by law to intervene if he/she suspects that child abuse (under the age of 18 years) or elder abuse (over the age of 65 years), or a vulnerable adult, is currently endangered by abuse, or if I am a danger to myself or others. \_\_\_\_\_

I hereby release Jan Takle as prayer minister from liability for all acts, performed in good faith and without malice in connection with ministry session(s). \_\_\_\_\_

