

VICTORY CARE WAIVER

Biblical Guidance / Inner Healing / Processing Groups

Welcome!

We are honored that you have invited the VICTORY Care Team to journey with you as reach your wellness goals. The purpose of this introductory packet is to let you know how we will support you as we create a safe space for you to heal and move forward in your relationship with God

Enclosed are Liability and Confidentiality forms and conduct policies. Your signature on these forms is required to let us know that you have read and understood each statement. We do this for your protection as well as the protection of other participants.

The Liability and Confidentiality statements are technical but necessary. Our conduct policies reflect our standpoint as a Church and what actions Victory Church (VC) leadership will take according to different scenarios and convey what VC feels is appropriate, or inappropriate behavior.

VICTORY CARE AGREEMENT & RELEASE FROM LIABILITY:

I, _____, acknowledge that I have voluntarily applied to VICTORY's faith-based, Care Ministry which includes: prayer, biblical guidance, worship, teaching and discipleship.

I am aware that my participation in Biblical Guidance, Inner Healing, or the Processing Groups are not substitutes for professional, medical care, psychiatric treatment, psychotherapy, therapeutic counseling, or any other form of professional therapy. I am also aware that my participation in VICTORY CARE is not a substitute for my active involvement in a local Christian church body of my choice. I am voluntarily participating in this ministry with full knowledge of these facts and I accept complete responsibility for my own psychological, mental, emotional, physical and spiritual well-being. I acknowledge that it is my responsibility to ascertain my own need for professional counseling, medical care, and to seek such professional counseling and medical care as needed. I further acknowledge that my participation in VICTORY CARE does not create any special relationship of custody or control between myself and Victory Church (including any agent, employee, officer, director, or executive of Victory Church), or between myself and any other person.

As consideration for being accepted by VICTORY Church's CARE Department to voluntarily participate in their ministries, I, on behalf of myself, my assigns, heirs, executors, guardians and other legal representatives, hereby release VICTORY Church and VICTORY CARE (including agents, employees, lay leaders, pastors, officers, directors and executives of VICTORY Church and VICTORY CARE) from any liability for any injuries suffered by me during my voluntary participation in VICTORY CARE and its ministries. Further, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, hereby agree that I will not make any claim against, sue or seek to attach the property of Victory Church and Trauma Care Ministry (including agents, employees, lay leaders, pastors, officers or directors of Victory Church and Trauma Care Ministry) and that I waive all actions, claims or demands that I now or hereafter may have, for any injuries suffered by me during my voluntary participation at Victory Church and Trauma Care Ministry.

I HAVE CAREFULLY READ THIS AGREEMENT AND THE RELEASE FROM LIABILITY STATEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND BETWEEN MYSELF AND THE CARE MINISTRY OF VICTORY CHURCH. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed on _____ at _____, Georgia
(date) (city)

Acknowledgment of Agreement

I acknowledge that I have read and understand the Victory Care Agreement and Release from Liability

I further agree to abide by these guidelines. By signing this, I agree that I am not asking for Victory to help me with mental illness or serious mental/emotional/health issues. I understand that I may be advised by the Ministry Director/Leader to seek professional medical help and/or therapy in conjunction with my attendance in this ministry. If these issues come up while I am attending a Processing Group, I will alert my Group Leader and/or Director and will get professional help

Signature

Date