

 <p>Policy Document #050215B</p>	<p>Wind and Fire Ministries Inc.</p> <p>(Also known as (WFM Inc.)</p> <p>P.O. BOX 126 Hiawatha, IA 52233 319.294.5307</p> <p>info@windandfire.org</p>	<p>Freedom & Healing Ministry</p> <ul style="list-style-type: none"> • Spiritual Healing • Inner Healing • Physical Healing • Medical & Health
<p>Informed Consent & Hold Harmless Agreement</p>		

I have been advised and understand that the Freedom & Healing Ministry of WFM Inc. is a suit of ministries that utilizes models of prayer imploring, some or all of, Spiritual Healing, Inner Healing and Physical Healing. These methods may combine inner healing, prayer, cognitive restructuring, early recollections, and that it utilizes my own memory and past experiences from a Christian perspective. The prayer minister does not suggest pictures for me or suggest words for me to believe. I have also been advised of the following:

- Distressing unresolved memories may surface through the use of Freedom & Healing Ministry, which could result in my experiencing emotional distress until it can be resolved.
- Some ministry recipients have experienced reactions during ministry sessions that neither they nor the prayer ministers may have anticipated, including a high level of emotional and/or physical sensations.
- Subsequent to the ministry sessions, 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 am able to embrace the memory content of what may surface in my session.
- We in no way make or infer medical recommendations that would instruct recipients to change, alter or discontinue medical, physiological or psychological treatment. These decisions are the solely the responsibility of the recipient.

Before commencing Freedom & Healing Ministry, I have thoroughly considered all of the above. With my signature below, I hereby consent and desire to receive Freedom & Healing Ministry. I understand that some or all of the procedures used to give spiritual and emotional help through the use of the Freedom & Healing ministry methods may or may not be clinically demonstrated as guaranteeing either short term or long-term results. I fully understand that the ministry I receive is NOT counseling in any form but rather prayer ministry. I accept this ministry fully and completely and do not hold any one responsible for **ANY** outcome that may arise as a result of this ministry. I do not hold Wind & Fire Ministries Inc., ministry staff or board members responsible for any further or additional care that 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 am voluntarily accepting this offer of ministry and acknowledge that I understand that I am free to terminate my participation at any time for any reason. I understand that I must take full responsibility for any and all consequences for prematurely terminating any spiritual intervention done for or on my behalf. I also understand that once I leave this session of ministry, I accept full responsibility for any choices I make that may be detrimental or harmful to me. I also accept full responsibility for all aftercare and follow-up ministry since this ministry opportunity is limited to this particular time frame and does not provide for any promise of future ministry.

I understand that the prayer ministry staff and/or others attending this session though extensively trained in prayer ministry, unless otherwise indicated, are not professional or licensed counselors, therapists, medical or psychological practitioners.

I understand that my identity and any information I may discuss will be kept confidential.

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.

My signature on this informed consent/hold harmless form is free from pressure or influence from any person or entity.

_____ Date _____
Ministry Recipient Signature

_____ Date _____
Facilitator Signature