

CONFIDENTIAL MINISTRY APPLICATION & HISTORY

I. Personal Information

- Name: _____ Date of Birth: _____
- Address: _____
- Emergency Contact (Name/Relation/Phone): _____
- _____

II. Disclaimer of Professional Services I understand that [Ministry Name] offers spiritual prayer ministry, including deliverance and inner healing. I understand that the ministry team members are **not** licensed counselors, psychologists, psychiatrists, or medical doctors. This ministry is not intended to replace medical or psychiatric treatment.

III. Medical & Psychiatric History *To ensure your safety and proper care, please answer the following fully.*

1. **Current Care:** Are you currently under the care of a doctor, psychiatrist, or therapist? ☐ Yes ☐ No If yes, please list their name/contact: _____
Note: We may suggest you inform your therapist of your participation in this ministry.
2. **Medication:** Are you currently taking any prescription medication (specifically psychotropic, anti-depressants, or anti-anxiety medication)? ☐ Yes ☐ No *If yes, please list:* _____ *Policy: We strongly advise you do not stop taking medication without your doctor's approval.*
3. **Diagnoses:** Have you ever been diagnosed with any of the following? (Check all that apply)
 - ☐ Schizophrenia / Schizoaffective Disorder
 - ☐ Bipolar Disorder
 - ☐ Dissociative Identity Disorder (DID/MPD)
 - ☐ PTSD
 - ☐ Epilepsy / Seizure Disorder
 - ☐ Heart Condition
4. **Safety History:**
 - Have you attempted suicide in the last 5 years? ☐ Yes ☐ No
 - Have you been hospitalized for mental health reasons in the last 5 years? ☐ Yes ☐ No
 - Do you have a history of violent behavior during spiritual or emotional episodes? ☐ Yes ☐ No

IV. Spiritual History

1. Are you voluntarily seeking this ministry of your own free will? ☐ Yes ☐ No
2. Briefly describe the primary issue or "spiritual oppression" for which you are seeking help:

MINISTRY LIABILITY RELEASE AND WAIVER

1. **Nature of the Ministry** I, _____ [Participant Name], acknowledge that I have voluntarily sought prayer ministry from the Mountain View Prayer House. I understand that this ministry involves "Deliverance" (casting out demons), "Inner Healing" (prayer for emotional trauma), and "Spiritual Warfare." I understand these are **religious activities** grounded in biblical theology, not secular psychological counseling or medical therapy.

2. **Non-Professional Disclaimer** I explicitly acknowledge that the team members praying for me are **volunteers and lay ministers**, not licensed professionals. They do not possess licenses in psychology, psychiatry, or medicine. I understand that any "words of knowledge," advice, or spiritual direction given during the session are perceived spiritual impressions, not professional medical diagnoses. I agree that I am under no obligation to accept or act upon such advice.

3. **Assumption of Risk (Specific)** I understand that deliverance ministry can be an intense physical, emotional, and spiritual experience. I knowingly and freely assume all risks associated with this ministry, both known and unknown, including but not limited to:

- **Emotional Distress:** Crying, screaming, resurfacing of traumatic memories, or temporary psychological discomfort.
- **Physical Manifestations:** Falling down (being "slain in the Spirit"), trembling, shaking, or physical fatigue.
- **Spiritual Distress:** Feelings of spiritual conflict or demonic manifestation.

4. **Consent to Physical Touch and Safety Protocols** I understand that physical touch is a part of this ministry model.

- **Laying on of Hands:** I consent to team members placing their hands on my head, shoulders, or hands for the purpose of prayer.
- **Safety Containment:** In the event that I manifest physical behavior that endangers myself or others (e.g., thrashing, falling), I consent to the ministry team using reasonable physical contact ("catching" or "holding") strictly to prevent injury or property damage. I understand this is for safety purposes only and is not an act of aggression or battery.

5. **Medical Non-Interference** I agree that I will **not** discontinue any prescribed medications or medical treatments based on anything that occurs or is said during this ministry session. I agree that decisions regarding my medical care should be made solely in consultation with my licensed physician.

6. **Release of Liability and Indemnification** In consideration of being allowed to participate, I hereby release, waive, discharge, and covenant not to sue the Mountain View Prayer House, its pastors, officers, employees, and volunteers from any and all liability, claims, demands, or causes of action arising out of any spiritual, emotional, or physical injury or damage that may be sustained by me. I agree to **indemnify and hold harmless** the Mountain View Prayer House from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in this activity.

7. **Confidentiality and Mandatory Reporting** I understand that the ministry team will keep my information confidential, **EXCEPT** in cases where:

- There is risk of suicide or harm to others.
- There is disclosure of current child abuse or elder abuse, which team members are legally required to report to authorities.

8. Dispute Resolution I agree that any dispute arising from this agreement or the ministry received shall be resolved through Christian Conciliation/Arbitration rather than civil litigation, in accordance with 1 Corinthians 6:1-8.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Participant Signature Date_____

Witness Signature Date

(If Participant is under 18, Parent/Guardian must sign a separate Parental Indemnity Agreement).

SECURITY CAMERA ACKNOWLEDGMENT & CONSENT TO RECORD

1. **Notice of Video Surveillance** I, _____ [Participant Name], acknowledge that the Mountain View Prayer House utilizes a video surveillance system within its facility for the purpose of safety, security, and the protection of all parties involved in ministry sessions. I am aware that cameras are positioned in ministry rooms and common areas.
2. **Consent to Record** I explicitly consent to my ministry session being video recorded. I understand that this recording is a standard safety protocol and is not intended for public broadcast, marketing, or commercial use.
3. **Data Retention Policy (30-Day Auto-Deletion)** I understand that the video surveillance system is automated and operates on a loop. All recordings are **automatically deleted after thirty (30) days** from the date of the session, unless the footage is flagged for preservation due to a reported safety incident or legal requirement.
4. **Confidentiality and Release of Footage** I acknowledge that the Mountain View Prayer House treats these recordings as confidential records. I understand and agree that **video footage will not be released to any third party, including family members or the public, unless explicitly requested or subpoenaed by legal authorities (law enforcement or court order).**
5. **Waiver of Privacy** By signing below, I waive any reasonable expectation of privacy regarding my visual image while on the premises of the Mountain View Prayer House, with the exception of restrooms or changing areas where no cameras are present.

Participant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____