

Hold Harmless Agreement

Must be signed by Ministry Recipient before first session

Dear Friend in need of Pastoral Counsel;

Please initial the lines provided to indicate your agreement and sign the end of this Agreement Form.

_____ This is to certify that I voluntarily consent to participate in Pastoral Counsel, Mentoring and Prayer ministry with Charlie Clark of Charles Clark Pastoral Counseling.

THE PERSON(S) AND/OR ORGANIZATION(S):

_____ I understand that Charles Clark Pastoral Counseling is a Pastoral Counselor / Mentor who is advising and praying with me as I seek help from God. I understand that he is a Licensed and Degreed Minister and a Board Certified Pastoral Counselor with the AACC and does not purport to be state licensed counselor or psychological practitioners.

THE PROCEDURE:

_____ I understand that the counsel, prayer, guidance and encouragement I receive from Charles Clark Pastoral Counseling is for my growth and development and is not binding. I understand that the procedures used to give counsel, prayer, guidance and encouragement to me or anyone present may not be clinically demonstrated or recognized by the State to guarantee either short-term or long-term results.

PARTICIPATION IN SESSIONS:

_____ I freely choose to participate in sessions in order to receive counsel, prayer, guidance and encouragement, 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 these session(s).

DURING THE SESSION(S):

_____ I do not hold Charles Clark Pastoral Counseling responsible for whatever may emotionally, spiritually, mentally or physically manifest during any ministry session(s) in which I may participate, now or in the future.

FOLLOWING THE MINISTRY SESSION(S):

_____ I do not hold Charles Clark Pastoral Counseling responsible for my well-being at any time during or following 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 Charles Clark Pastoral Counseling has no obligation to provide ongoing ministry, additional ministry, ministry between sessions, or any

other psychotherapy, or medical psychiatric services on my behalf following the prayer ministry session(s).

CONFIDENTIALITY:

_____ I understand that Charles Clark Pastoral Counseling will keep confidential any personal information that may be shared by anyone during the ministry session(s). I also understand that Charlie may need to consult with other Pastoral Counsel anonymously. I am also aware that my minister is 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 64 years), or a vulnerable adult*, is currently endangered by abuse, or if I am a danger to myself or others.

**A vulnerable adult is one who by virtue of age, physical injury, disability, disease or emotional or developmental disorders are unable to independently provide for their own basic necessities of life. This would include, but is not necessarily limited to adults who reside in long-term care facilities such as nursing homes, adult family homes, boarding homes or assisted living facilities or those who receive health care or other assistance in providing for the basic necessities of life while residing in their own home.*

_____ I hereby release Charlie Clark dba Charles Clark Pastoral Counseling Ministry from liability for all acts, performed in good faith and without malice in connection with our ministry session(s).

Printed Name _____

Signature _____ *Date:* _____

Charles A. Clark dba Charles Clark Pastoral Counseling

Signature _____ *Date:* ___/___/_____