

Grace Adventure

Information and Consent Form

Please help us serve you better by providing the information below:

Today's Date: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: Home _____ Work _____ email _____

Occupation: _____ Marital status: _____

With whom do you reside? _____

Referred to Grace Adventure by: _____

What has given you the most joy in life? _____

What has hurt you the most in life? _____

Describe your relationship with your father when you were growing up: _____

Describe your relationship with your mother when you were growing up: _____

Describe the losses you have experienced in your life: _____

Describe what you would like to change about the following areas of your life:

Relationship with others: _____

Relationship with God: _____

Relationship with yourself: _____

Career: _____

If you could get anything out of this workshop, what would it be? _____

Please list any current health problems: _____

Are you currently in counseling? Yes No If so, what is the reason for your counseling? _____

Is your counselor or psychiatrist aware that you are attending this workshop? _____

Is there anything else that you would like for the leadership team to know about you or your history?

Please list any medications, including non-prescription or over-the-counter, you are currently taking:

Medication Name(s)	Dose	How often taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have ever taken medications in the past for a physical or psychiatric difficulty, please list them:

Do you have any medical conditions that might have an impact on your participation in Grace Adventure?

Do you have any food or drug allergies or special dietary requirements? _____

Have you ever been arrested? If so, on what charges? _____

Were you convicted? _____

In case of an emergency, whom should we contact?

Name: _____ Relationship _____

Address: _____

City _____ State _____ Zip _____

Phone (hm) _____ (wk) _____

I acknowledge and understand the following:

- *Grace Adventure is an interactive, small-group workshop designed to help people overcome barriers and deal with difficult emotional and spiritual issues.*
- *The experience is not psychological treatment or psychotherapy, nor a “magic formula” for life, and though sometimes confrontational, is simply the church ministering to one another. The leaders are trained lay “people helpers” not mental health professionals.*
- *If I choose not to finish the workshop, my perceptions of Grace Adventure will be based on incomplete information and, therefore, I probably will not receive the benefit I might have otherwise.*
- *Because of the nature and intensity of this type of workshop, I agree to hold Living Foundation Ministries, its staff, board and all volunteer leaders, harmless from any and all liability with regards to my experiences through Grace Adventure.*
- *Incidents disclosed in the Grace Adventure training which pertain to the sexual or physical abuse of a child or elderly person by a participant, in the past or present, will be subject to review by the leadership team. Confidential dialog will then take place with the participant regarding possible violation of Kansas and Missouri Child and Elderly Protection Laws, and the resulting need for such violations to be reported to the appropriate agency as required by Kansas and Missouri law.*

Signed: _____ Date: _____

TO BE FILLED OUT BY PARENTS OR GUARDIANS OF PARTICIPANTS UNDER AGE 18.

I am aware that when _____ (minor child) is not in the training room, he/she is not under supervision of the Grace Adventure staff or participants. He/she is completely responsible for his/her own choices at those times.

If participant is under 18, parent or guardian signature: _____

All information on this form is for the exclusive use of the leadership team of Grace Adventure and will be kept confidential.