

A logo for a company

Description automatically generated

Deeper Still Confidential Intake Form

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of the retreat you’re choosing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: F or M

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Most Accessible Phone #: cell (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we leave a message on your voice mail? Yes or No. May we send you a text message? Yes or No

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact you by email? Yes or No

Do you prefer your confirmation packet to be mailed \_\_\_\_\_\_\_ or emailed \_\_\_\_\_\_\_ (check one)?

Date of Birth: \_\_\_\_\_\_\_\_\_ Present occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: (circle) Caucasian African American Asian Hispanic Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: (circle) Single Married Separated Divorced Widowed

With whom are you currently living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If married, does your husband or wife know about the abortion(s)? Yes \_\_\_\_ No \_\_\_\_ If No, what has

prevented you from telling him/her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has prompted you to seek healing from your abortion(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the journey to healing and freedom from your abortion(s), how would you rate your progress?

1. being low (10) being high (circle) 1 2 3 4 5 6 7 8 9 10

What would you like to gain from attending this retreat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To your knowledge, has anyone else in your family ever had an abortion? Yes \_\_\_\_\_ No \_\_\_\_\_\_

If Yes, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_ How has it affected you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of your family members know about your abortion(s)? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If No, how would you expect them to respond? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been sexually abused? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To your knowledge, have you ever been ritually abused? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Have you ever struggled with sexual identity confusion? (understanding your femininity or masculinity, sexual identity, homosexual experiences or desires, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Circle any of the symptoms or feelings that you may have experienced sinceyour abortion:

guilt hopelessness self-hatred

shame anxiety sexual problems

fear depressed helplessness

emotionally "numb" anger headaches

sad suicidal ideas eating disorders

change in relationships nightmares panic attacks

low self-esteem sleep disturbances grief/loss

marital stress alcohol/drugs resentment

loneliness cutting yourself obsessive thoughts

infertility crying spells accusing voices

Any others not mentioned above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalizedto control any of these symptoms? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently under the care a professional therapists or counselor? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If Yes, we recommend that you tell your counselor that you will be attending this retreat. If you would like us to share information about our retreat with your counselor, we would be happy to do so. Would you like to have your counselor contact us? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Are you currently taking any medication to control any of the above symptoms? If Yes, what are you

taking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there is anything about your medication protocol that we should know? Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are taking any psychiatric medications, we must have your commitment to take them as directed. I understand and commit to taking medication as directed by my doctor. Yes\_\_\_ (initial).

**PREGNANCY AND ABORTION HISTORY**

**For women**: How many pregnancies have you had? \_\_\_\_\_\_ How many abortions? \_\_\_\_\_\_

**For men**: How many pregnancies have you fathered? \_\_\_\_\_\_ How many abortions? \_\_\_\_\_\_\_

**1st pregnancy:** Carried to term Abortion Miscarried Ectopic Stillbirth Adoption

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Sex of baby (if known) \_\_\_\_\_\_\_\_

How old were you? \_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_

**If abortion:**

Type: Chemical Suction D & E Saline Partial Birth Other \_\_\_\_\_\_\_

What was the reason for your abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you in favor of the abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you feel pressured to choose abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome of your relationship with the father of that baby or the mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd pregnancy:** Carried to term Abortion Miscarried Ectopic Stillbirth Adoption

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Sex of baby (if known) \_\_\_\_\_\_\_\_

How old were you? \_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_

**If abortion:**

Type: Chemical Suction D & E Saline Partial Birth Other \_\_\_\_\_\_\_

What was the reason for your abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you in favor of the abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you feel pressured to choose abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome of your relationship with the father of that baby or the mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd pregnancy:** Carried to term Abortion Miscarried Ectopic Stillbirth Adoption

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Sex of baby (if known) \_\_\_\_\_\_\_\_

How old were you? \_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_

**If abortion:**

Type: Chemical Suction D & E Saline Partial Birth Other \_\_\_\_\_\_\_

What was the reason for your abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you in favor of the abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you feel pressured to choose abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome of your relationship with the father of that baby or the mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4th pregnancy:** Carried to term Abortion Miscarried Ectopic Stillbirth Adoption

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Sex of baby (if known) \_\_\_\_\_\_\_\_

How old were you? \_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_

**If abortion:**

Type: Chemical Suction D & E Saline Partial Birth Other \_\_\_\_\_\_\_

What was the reason for your abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you in favor of the abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you feel pressured to choose abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome of your relationship with the father of that baby or the mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5th pregnancy:** Carried to term Abortion Miscarried Ectopic Stillbirth Adoption

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Sex of baby (if known) \_\_\_\_\_\_\_\_

How old were you? \_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_

**If abortion:**

Type: Chemical Suction D & E Saline Partial Birth Other \_\_\_\_\_\_\_

What was the reason for your abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you in favor of the abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you feel pressured to choose abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome of your relationship with the father of that baby or the mother?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* **If any other pregnancies please write information on the back of this form.**

**RELIGION / SPIRITUAL**

Are you currently affiliated with any church? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What denomination is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you believe in the Trinity of God? (God the Father, God the Son, (Jesus), God the Holy Spirit)?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Unsure \_\_\_\_\_\_\_

Do you consider yourself a Christian? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, how long have you been a Christian? \_\_\_\_\_\_\_

If no, what is your religious affiliation, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following are various ways of describing your experience with God. Check any that may best describe yourself. (You can check more than one).

\_\_\_ Born again

\_\_\_ Saved

\_\_\_ Having a personal relationship with God through Jesus Christ

\_\_\_ Gradual revelation or conversion to Christ

\_\_\_ Spirit filled

Other Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I can see how my relationship with God and my spiritual condition, is an important part of dealing with my abortion(s).

Yes \_\_\_\_ No \_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had anyone pray with you or minister to you in some way about your abortion(s)?

Yes \_\_\_\_ No\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would describe my knowledge of the Bible as: (check one)

Fairly extensive \_\_\_\_\_\_ Moderate \_\_\_\_\_\_\_\_ Limited \_\_\_\_\_\_\_\_ No knowledge \_\_\_\_\_\_\_\_

My biggest fear in coming to this retreat would be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical limitations or mobility limitations (such as climbing stairs)? Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medically necessary dietary restrictions? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you want your name on your nametag? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find us? ❑ A friend (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Our Website ❑ Web/Google search ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Deeper Still®*Participant Release Agreement**

Deeper Still is a program including healing retreats for women and men who have undergone or participated in an abortion procedure (the “Program”). The Program is specifically designed to address the healing of emotional and spiritual wounds associated with abortion.

Deeper Still retreats are hosted by a team of volunteers (“Team Members”) who have received para-professional training to assist attendees in the healing process within the context of the Program. Participation by attendees in Deeper Still retreats or any associated function(s) is not intended as a substitute for professional counseling and/or medical treatment.

By signing this agreement form, I freely and voluntarily agree with and understand the following statements to be true and I hereby agree to bind myself to such statements in consideration for the opportunity to participate as an attendee of an upcoming Deeper Still retreat.

* The Team Members are volunteers and not licensed professional counselors.
* The Team Members are not giving medical advice, making diagnoses, or providing licensed professional counseling.
* I will not hold Deeper Still, Hands of Hope Tucson, the Team Members, or other persons or entities directly associated with Deeper Still or Hands of Hope Tucson responsible for my actions or the actions of others made in response to any teaching, advice, ministry or any other goods and/or services I may obtain at a Deeper Still function.
* I fully release Deeper Still, Hands of Hope Tucson, the Team Members and/or persons/entities directly associated with them from any and all liability whatsoever.
* I assume full personal responsibility for any financial obligation I undertake based on and/or in response to any teaching, advice, ministry or any other goods and/or services I may obtain at a Deeper Still function.
* Information I give to any Team Member will remain confidential. There will be no sharing photos, or videos of me publicly or on social media without my permission. However, I also understand exceptions to such confidentiality include:
  + any situation in which I communicate I am considering physically harming myself or another person,
  + any situation in which I communicate another person is continuing to or has expressed his/her intent to physically harm me, and/or
  + any situation in which a formal grievance is brought against Deeper Still, Hands of Hope Tucson, the Team Members and/or persons/entities directly associated with them.
  + Any situation in which I communicate I am presently involved in illegal activity.
* I agree to honor the code of confidentiality of Deeper Still to not disclose personal information shared by other retreat participants without their permission.
* Any formal grievance brought against Deeper Still, Hands of Hope Tucson, the Team Members and/or persons/entities directly associated with them are to be decided under Arizona and/or Tennessee law and, if litigation ensues, in Arizona courts of law in Pima County and/or in Tennessee courts of law in the Eastern District of Tennessee—the state and federal courts in which are deemed a proper venue by the undersigned for any such action—wherein such courts, based on this agreement, shall have personal jurisdiction over the undersigned.
* If any part of this agreement is deemed void by a court of law, the other portions of the agreement will remain in full force and effect.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_