

RACHEL'S VINEYARD SPOKANE

October 27th – 29th, 2017

Spokane, Washington

Participant's Agreement

I, _____, understand that by participating in the Rachel's Vineyard Spokane post-abortion healing retreat for men and women, I willingly commit to the following (please initial after reading each item):

1. I will maintain absolutely confidential the name of all retreat participants, as well as the content of what is shared during our sessions together. Initial: _____
2. I commit to arriving in time to take part in the retreat's formal beginning—which is 4:30 pm Friday, October 27, 2017 and will remain committed to attending the retreat until its conclusion on Sunday afternoon, October 29, 2017. Initial: _____
3. I understand that the spiritual orientation and theological grounding of Rachel's Vineyard is Christian and specifically Roman Catholic, and is predicated in fostering forgiveness and spiritual healing. While I realize I will in no way be expected to make any particular church commitment through my participation in this program, I do feel comfortable with and open to participating as fully as possible in the Catholic-Christian orientation of this program. Initial: _____
4. I understand the primary focus of the retreat is for any person who has struggled with the emotional and spiritual pain of an abortion and that the retreat focuses on generating a process of spiritual and emotional healing. Although the Rachel's Vineyard Spokane team is trained to put on the retreat in accordance to established guidelines, the retreat neither constitutes formal psychotherapy nor is the retreat meant in any way to replace the care of a professional licensed health care provider. The retreat team consists of two lay post abortion coordinators, a licensed professional therapist, a priest, and past Rachel's Vineyard participants who now labor in the vineyard on behalf of others. If I wish, I am free to pursue professionally licensed psychological assistance with a therapist of my choice before and/or after participating in this retreat. Initial: _____
5. I understand the suggested retreat cost is \$175.00, and a deposit of \$50 is due in order to guarantee my spot at the retreat due on or before October 6, 2017 with the remaining balance of \$125 due on or before October 27, 2017 or I may forfeit my place at the retreat. I understand that in order to maintain a greater personalized retreat for the participants, Rachel's Vineyard Spokane will try to limit the retreat size to ten (10) participants who will be accepted on the basis of the order in which they register and pay the fee for the cost of the weekend, unless other arrangements are made. If I am not given a place on the retreat, all fees will be returned to me. Initial: _____
6. In regards to the registrations, I understand there is a minimum of four registrations required to hold a retreat. Registrants will receive a letter of confirmation with directions to the retreat center. Initial: _____
7. I understand that a participant, at the sole discretion of the Rachel's Vineyard Spokane team leader, may be asked to be removed from the retreat and I submit to these terms. Initial: _____
8. I hereby waive any claims against Rachel's Vineyard Spokane and its team members and save and hold harmless Rachel's Vineyard Spokane for claims arising out of my conduct. Initial: _____

I have read and agree to the above terms.

SIGNED: _____

DATE: _____

Please initial each item, sign this agreement, and return it with your Registration Form. Thank you!