



Release Form

Open Hearts Ministry
625 Kenmoor Ave. SE
Suite 350 #48859
Grand Rapids, MI 49546-2395
269.383.3597
office@ohmin.org

Release to Participate in The Journey

We ask all participants who plan to attend The Journey and are receiving care from a counselor, therapist, doctor or psychiatrist to acquaint their caregiver with the purpose and intensity of The Journey and affirm if they are ready to participate in training like this.

The Journey is a seminar designed to provide a place for individuals to share their life story, including stories of abuse, and receive training on how to hear these types of stories and lead small groups utilizing curriculum from Open Hearts Ministry. The schedule for the seminar includes several 14 hour days with both large group teaching and small group meetings three times per day. OHM trained leaders facilitate the small groups. (These leaders are not therapists and this experience is not small group therapy)

We ask that the caregiver sign the following release indicating his/her concurrence with this applicant's participation. Key to this is the ability to enter into your own story as well as to engage with the traumatic stories of others.

Release from Counselor/Therapist/Psychiatrist/Medical Doctor:

_____ (client's name) has shared with me his/her desire to attend The Journey training. I concur that he/she is able to participate without restrictions or particular concern on my behalf. I also am aware that my client should not be in the midst of adjustment to any new medications while attending The Journey.

Name

Relationship to Patient

Signature

Date

Daytime Phone

Emergency Phone

Email

Comments: