



## Seven Acres Ministry: Grace Support Groups

### Consent and Disclaimer Form

Grace Support Groups seek to bring holistic support and healing to all members of families impacted by mental health concerns. This group is not a substitute for private counseling and medical/psychiatric assessments as necessary. As such, I, the undersigned, agree to continue current treatment or seek further treatment should the need arise. If assistance is needed to find suitable treatment, referrals can be made as needed.

By participating in this group I, the undersigned, also agree to hold the stories shared in this space with respect and in confidence. We understand each person will be at a different place in their journey and therefore agree to treat each other with respect, honor, and trust. We can best learn from each other when we take the time to listen attentively to each other's experiences and stories.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

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

Group Leader Signature: \_\_\_\_\_

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