

退修營學員指引

1. 拉法退修營幫助學員面對生命停滯不前的狀況, 及教導他們處理情緒的技巧。因此在退修營其間, 學員可能會親身經歷到不意識的潛藏情緒, 或要面對過去創傷的痛苦, 而引起情緒波動。
2. 在小組時段內, 學員亦可能因為其他組員分享他們的故事, 或表達情緒時的震撼性, 因而會引發自己一些過去類同的經歷, 或你遺忘的創傷記憶, 也會引致你情緒波動。
3. 有些學員可能在退修營期間未必有太多的情緒波動, 但是退修營後可能意外地發現遲來的情緒波動。若這種情況發生, 請學員盡早聯絡組長, 拉法同工或當地教會的代表幫忙跟進, 並且運用所學的情緒技巧去舒緩!
4. 拉法的理念認為學員面對過去創傷的痛苦, 因而情緒波動, 是整個醫治過程中很重要和必須的部份, 所以不要為此而驚訝。因為處理那些創傷後的生命, 便不會再被那些事情纏繞, 從而可以生活得更輕鬆和機靈!
5. 學員也有可能是在退修營完畢後, 因為情緒起伏, 而需要接受專業輔導去繼續更進。
6. 退修營的活動時間較長, 容許學員深層的內心可以浮面, 並且在退修營中會使用一些心理醫治的技巧, 如自覺、空椅、心理劇等, 幫助學員更多將內心的感受向神開放, 被神醫治。這種的醫治方式並非唯一的方法, 上帝的醫治是多面化及多元化, 聖經及禱告也是上帝醫治的重要渠道! 並且我們亦相信醫治是在教會的群體內, 教會是我們緊密的合作夥伴!
7. 吶喊是聖經時代所採用的方式面對爭戰或向神表達各種情緒的方式, (參考: 撒 17:20, 52; 賽 42:11-13; 代下 18:31; 拉 3:11, 13; 詩 47:1; 耶 47:2; 哀 2:19), 雖然聖經並沒有詳細教導吶喊, 而從心理學角度去理解, 吶喊可以幫助人釋放恐懼或負面的情緒, 減低表面的防衛, 更能夠真實面對自己痛苦或傷害, 以至可以更容易寬恕/原諒傷害的人, 因此, 在退修營安全環境下, 讓學員透過吶喊向神表達真實的自己, 釋放內心的苦毒、痛苦或恐懼, 不再讓負面的情緒控制自己, 就如聖經的教導, 不要含怒到日落 (弗 4:26; 31), 有時情緒太複雜, 自己也不完全容易理清, 吶喊可以幫助釋放表面的恐懼、混亂及矛盾, 以至更清楚內在真正的情緒, 更容易向神展開真正的自己。
8. 若有學員不習慣或不願意聽到別人嘈吵的聲音, 可以選擇不參與吶喊時段, 改為與神對話安靜時段。

請在以下合適 內, 加上 號

學員同意參加吶喊

學員不同意參加吶喊

以下是我的簽名, 我確認我已閱讀並理解上述聲明。

Name of student signing the form

退修會參加者姓名

Signature of the student

退修會參加者簽署

Date

日期

Media Release Form 媒體使用權同意書

During this retreat, the representatives of Rapha Foundation Ltd. and Rapha Christian Development Canada Association (Rapha) will be recording the whole and/or part of the event for the purpose of preparing DVD, CD, picture album, books and/or other publications for Rapha.

在今次的退修營拉法基金會有限公司及拉法加拿大基督教發展中心會 (拉法) 將會收錄整個及/或部份活動為日後制作 DVD, CD, 圖畫冊, 及/或書刊予拉法。

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拉法只對於退修會活動摘取的照片和記錄的正式用途負責。為免生疑問, 任何與拉法事工無關的個人用途不受拉法基金會監察或責任。

Name of student signing the form

退修會參加者姓名

Signature of the student

退修會參加者簽署

Date

日期

INDOOR AND OUTDOOR ACTIVITIES CONSENT / WAIVER FORM

同意書 CONSENT

我, 作為此項活動的參加者, 會以安全及負責任的態度參予活動, 並會依從大會委派的委員會成員、領袖、組長和指定司機之吩咐。我會為自己的行為負責任, 並且在行車時配帶安全帶及不在行車時打擾司機。在任何節目、戶外及室內活動及來往目的地的運輸工具上, 我都不會作出危害自己或同伴的行為。若有引起金錢損失、身體或精神受傷甚至死亡的事務發生, 我會負起個人責任並放棄追討拉法加拿大基督教發展中心及其董事局成員、此項活動委員會成員、領袖、組長、僱員、義工的權利。在緊急情況下, 我授權委員會成員/領袖/組長為我作出適切的醫療決定, 我會負責支付一切的醫療費用。

I, the Participant, understand that I am responsible in acting in a safe and responsible manner, and to obey requests to comply with safety regulations as directed by committee members, designated leaders and/or group leaders and/or drivers. I will be responsible for myself and wear a seat-belt and not distract the driver when going to or from activities. I will not endanger the safety of myself or others at any functions, indoor and outdoor activities or during transportation to and from such events. I forsake all rights to sue RAPHA Christian Development (Canada) Association, any one or all of her board members, committee members, designated leaders, group leaders, staff members or volunteers in the event of expenses, physical or emotional injuries, including death. In the event of injury requiring medical attention, I authorize treatment to be arranged by committee members or designated leaders or group leaders, and I understand that any costs incurred for the treatment are my responsibility.

我明白此文件於我, 我的後人, 遺囑執行者, 行政者, 承繼人, 委派人員法律約束力。我已細閱並明白此文件上的條文。 簡簽

I understand that this is a legal agreement that is binding upon myself and my heirs, executors, administrators, successors and assigns. I have read and understand the terms of this agreement. Initial

PARTICIPANT NAME簽署表格的申請人姓名: _____

SIGNATURE OF PARTICIPANT參加者簽名: _____ Date 日期 _____

若參加者乃19歲以下 IF PARTICIPANTS IS UNDER AGE 19

我, 作為以上活動參加者的家長/監護人, 同意大會在交通上所作出的安排, 並同意大會所委派的委員會成員、領袖、組長和指定司機之吩咐。我亦允許大會委派的委員會成員、領袖、組長和指定司機有不能在聚會地點作出醫療護理的緊急情況下, 把參加者載往距離聚會地點最近及最合適的醫療設施或醫院, 我會負責支付一切的醫療費用。我授權委員會成員/領袖/組長為參加者作出適切的醫療決定, 並同意參加者參與拉法加拿大基督教發展中心設定的各項活動。若有引至參加者有金錢損失、身體或精神受傷甚至死亡的事務發生, 我放棄追討拉法加拿大基督教發展中心及其董事局成員、此項活動委員會成員、領袖、組長、僱員、義工的權利。

As parent/guardian, I hereby authorize the Participant to participate and be transported by the committee members, the designated leaders or group leaders or drivers. I authorize the committee members/designated leader/group leaders to transport the Participant to the nearest suitable medical or hospital facility in the event of an emergency situation that is not treatable at the scene, and I am responsible for any costs associated with this treatment. I also authorize the Participant to be medically treated as determined appropriate by the committee members/designated leader/group leaders, and I authorize the Participant to attend the functions, events and activities sponsored or coordinated by RAPHA Christian Development (Canada) Association. I forsake all rights to sue RAPHA Christian Development (Canada) Association, any one or all of her board members, committee members, designated leaders, group leaders, staff members or volunteers in the event of expenses, physical or emotional injuries, or death, of the Participant.

我明白此文件於我, 我的後人, 遺囑執行者, 行政者, 承繼人, 委派人員法律約束力。我已細閱並明白此文件上的條文。 簡簽

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家長或監護人姓名NAME OF PARENT OR GUARDIAN: _____ 簽名SIGNATURE: _____