

# UNBOUND FREEDOM THAT LASTS

..... GALATIANS 5



30+ hours  
OF THERAPY IN  
ONE WEEKEND!

What if  
**YOU DIDN'T HAVE  
TO STRUGGLE ALONE?**

Join us for a powerful three-day intensive designed to help you break free from pornography and find lasting victory. This is your opportunity to step into a new chapter—one of hope, healing, and renewed purpose.

## SEXUAL INTEGRITY INTENSIVE

**WHEN:** JANUARY 15-17, 2026 | **COST:** \$1,999 | **WHERE:** CAMP SKULLBONE, DITTMER, MO

### LEARNING OBJECTIVES:

- Understand the “why” behind your addiction.
- Recognize the cycle of addiction and recovery.
- Develop compassion for the wounds and pain that led to sexual acting out.
- Clearly identify shame narratives and defense mechanisms arising from wounds.
- Build self-compassion and understand the role of grace in your life.
- Use group interactions to learn about unhealthy interaction styles that perpetuate loneliness and isolation.
- Know your purpose and develop a mission statement to combat withdrawal.
- Recognize how your choices affected your wife and family, and take practical steps to rebuild trust.
- Learn what it means to live in freedom even in the face of suffering and temptation.

**CONFIDENTIAL. CHRIST-CENTERED. LIFE-CHANGING.**

Will you take the first step?

VISIT US AT [WWW.CAREPOINTCOUNSELING.COM/UNBOUND](http://WWW.CAREPOINTCOUNSELING.COM/UNBOUND) TO GET STARTED!



**Tyler Sparks**

MA, LPC, NCC, CCSAS

Tyler specializes in sexual addiction, affair recovery, and spouses affected by infidelity. Tyler is a Certified Clinical Sexual Addiction Specialist and has nearly 20 years of experience working in the area of sexual integrity.



**William Parks**

MA, LPC

William specializes in sexual addiction, porn addiction, and sexual integrity and relationship issues. He graduated with a Master of Arts in Counseling from Covenant Seminary in 2017.

Thank you for your interest in the Sexual Integrity Intensive through CarePoint Christian Counseling. You've made a courageous step toward an investment in your sexual integrity and overall mental and emotional well-being. We hope you look back on this time of your life and remember the meaning and value you gained as a result of the work you'll do at this intensive. We look forward to reviewing your application packet and determining your fit for the program. Once we review your information, we'll respond within one week.

Please mail or give your completed registration application packet to the administrative staff at the address in the header.

**Your completed packet should include:**

- Signed Informed Consent
- Indemnity Form
- Patient Information Form
- Completed assessments
- A check for \$1999.00 (Fully refundable if not selected to participate in the intensive). This intensive is not covered by health insurance.

**These forms must be fully completed as part of your registration process for the intensive.** The information you share here will only be seen by your therapists and administrative personnel. Going into an intensive retreat with this type of information will ensure the safety of everyone involved and will allow us to form a solid history and background upon which to build specific therapeutic interventions tailored to your needs. The cost of the intensive includes the following:

- More than 30 hours of group therapy and programming
- An assessment battery to be taken at the beginning and end of the intensive
- A one hour pre-screen at therapists' discretion
- All meals and snacks during the course of the intensive
- All necessary supplies
- Following the intensive you may be invited to continue with the other participants in a weekly integration group. The first week of this group is covered in your registration costs.

Before you is an opportunity to impact your life in a significant way. The more effort you put into the intensive, the greater the return. We're looking forward to partnering with you.

Sincerely,

  
Tyler Sparks, LPC, NCC, CCSAS

  
William Parks, LPC



## Informed Consent for Intensive Therapeutic Retreat

---

We're excited you've made the decision to continue your journey toward sexual health and intimacy with this Sexual Integrity Intensive at CarePoint Christian Counseling. We are passionate about walking alongside you and providing high-quality mental health care in a safe and supportive environment. The purpose of this document is to ensure that you fully understand the nature of the services provided during the intensive therapeutic retreat, your rights, and responsibilities as a participant. Please read this document carefully and ask any questions you may have before signing.

### Nature of the Intensive Therapeutic Retreat

This retreat is a structured, intensive therapeutic experience designed to promote personal healing, growth, and transformation in the areas of sexuality and intimacy. Participants engage in group therapy sessions with other retreat participants under the care of licensed clinicians. The retreat will focus on therapeutic goals such as emotional healing, trauma resolution, personal development, and relationship repair. Because the nature of this group is intensive, you'll be working on these goals with little time and space to process everything completely. It is highly recommended that you pair this intensive with individual therapy to continue processing all that you learn during this experience.

### Types of Therapy Involved

- **Group Therapy:** Group therapy will be an essential component of the retreat. Group members will engage in open discussions, share personal experiences, and offer support to each other in a structured and guided format. Group therapy may involve feedback from peers and facilitators, and participants will be encouraged to participate fully.
- **Psychoeducation:** Group members will gain foundational information about the subject matter of the retreat. Exercises and discussions will build upon the information taught so that participants not only learn relevant information but are able to apply it to their lives.
- **Spiritual Integration:** As CarePoint Christian Counseling is a faith-based practice, Christian spiritual principles and practices may be integrated into the therapeutic process, including prayer, scripture, and spiritual reflection. It is possible that spirituality is an area where you have emotional pain and wounds. It will be important to examine this pain as we would any other pain you experience, but as with all topics in therapy, the level of participation is dependent upon you.

### Confidentiality

Confidentiality is a cornerstone of the therapeutic process. What you share during the retreat sessions will be kept confidential. However, please note the following exceptions to confidentiality:

- If you are in imminent danger of harming yourself or others, confidentiality may be broken to ensure safety.

- If there is suspected abuse or neglect of a vulnerable person (e.g., child, elderly individual), the therapist is required by law to report this information.
- If a court order or legal subpoena requires disclosure of your records or statements.

While we encourage a respectful and supportive environment and require confidentiality between members, we cannot guarantee the confidentiality of what is shared by other participants. *It is important that you respect the confidentiality of your fellow group members and avoid discussing their personal disclosures outside the group setting.*

## Risks and Benefits

While the retreat offers many potential benefits, such as emotional healing, personal insight, and improved relationships, there are also potential risks:

- **Emotional Discomfort:** The intense therapeutic process may bring up painful emotions, memories, or experiences. While this is part of the healing process, it can be difficult and uncomfortable.
- **Group Dynamics:** Group therapy can provide powerful support, but it can also bring up interpersonal conflicts or triggers for participants. We encourage respectful communication and will provide support to manage group dynamics.
- **Time Commitment:** The retreat requires a significant time commitment, which will include several hours of therapy each day. This may be emotionally, physically, and mentally demanding. The total length of time for the retreat is 30 hours over three days (Thursday-Saturday).

## Participant Expectations and Responsibilities

- **Active Participation:** Your full engagement is essential for your success in the retreat. We expect you to actively participate, share your thoughts and feelings, and contribute to a positive group atmosphere.
- **Respect for Group Members:** In group therapy, you are expected to respect the confidentiality and boundaries of other participants. Disrespectful, inappropriate, or disruptive behavior will not be tolerated and you may be asked to leave the retreat.
- **Self-Care:** It is important that you take care of your physical, emotional, and spiritual needs during the retreat. This includes attending to your personal health, getting adequate rest, and managing stress in healthy ways.
- **Honesty and Openness:** The success of your therapy depends on your ability to be honest and open with your therapist and group members. We encourage you to approach the process with a willingness to explore and grow.

## Fees and Cancellation Policy

- **Fees:** The fee for the Intensive Therapeutic Retreat is \$1999, due, in full, upon registration. This includes 30 hours of group sessions (with breaks), materials, assessments, meals, and retreat-related activities. The cost of the retreat does not include lodging. The cost may be split into 4 equal payments, if necessary.

- **Cancellation:** If you need to cancel your participation, please notify us at least 72 hours in advance. Cancellations made less than 72 hours before the start of the retreat will result in a forfeiture of half of the registration cost.

## **Lodging**

The retreat lasts three days and two nights. You will travel home at the end of each day. You may also stay overnight at nearby lodging at your own expense. CarePoint is not responsible for any loss, damage, or fees incurred related to your stay at the aforementioned lodging. CarePoint has no affiliation with the facility rentals and all aspects related to lodging are solely your responsibility.

Expectations for down time at the retreat:

- No alcohol or drug use (smoking is permitted outdoors).
- No television or other electrical devices used for streaming services.
- We encourage you to shut your phone off for the duration of the weekend but this is not mandatory. If you choose to maintain access to your phone it should not be a distraction (e.g. ringers, checking phone during times of sharing). Additionally, therapists will not engage in text messaging with you as texting is not a secure form of communication.
- Ensure you get to bed early to get enough rest for the next day of therapy
- Respect the boundaries and wishes of other group members if you are gathering socially
- Practice self care
- While away from the retreat center, reframe from engaging in household duties, chores, and other activities that might take you out of a retreat mindset.

## **Emergency Contact Information**

In case of an emergency during the retreat, please provide an emergency contact below:

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Voluntary Participation and Withdrawal**

Your participation in the Sexual Integrity Intensive is voluntary, and you have the right to withdraw at any time. If you choose to withdraw once the retreat has begun, you forfeit the total cost of the retreat (exceptions can be made for emergencies). If you are withdrawing due to safety concerns or emotional distress, we encourage you to speak with your therapist before making that decision.

## **Informed Consent Acknowledgment**

By signing below, you acknowledge that you have read, understood, and consent to participate in the Intensive Therapeutic Retreat. You understand the potential benefits and risks involved, as well as your responsibilities as a participant. You also understand that CarePoint Christian Counseling is committed to maintaining confidentiality, with certain legal exceptions, and that group therapy involves a shared space where confidentiality cannot be fully guaranteed.

If you have any questions or concerns about this informed consent or the retreat, please ask before signing. Your signature below indicates that you consent to participate in the retreat under the terms outlined above.

Participant's Name (Printed): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Please retain a copy of this document for your records. Thank you for trusting CarePoint Christian Counseling with your therapeutic journey.



# Patient History Form

Please complete every question thoughtfully and completely. If the answer does not apply to you, please write "N/A."

## Patient Information

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

Date of Birth: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Conditions

List current and past medical conditions (use a separate sheet, if necessary):

Condition	First diagnosed	Resolved	Treating Clinician
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Medication List

List current and past medications for medical and psychiatric conditions (use a separate sheet, if necessary):

Medication Name	Dosage	Frequency	Reason Prescribed

## Primary Care Physician:

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

Office Phone Number: \_\_\_\_\_

Do you ever misuse your medications? \_\_\_\_\_

Food/medication allergies: \_\_\_\_\_

Do you need any special accommodations for the intensive due to medical or mental conditions?

If yes, explain:

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

**Additional Background**

Military history: \_\_\_\_\_

Martial Arts training: \_\_\_\_\_

Legal issues and/or history of arrest(s): \_\_\_\_\_

***Firearms are prohibited at the retreat.***

Do you have a concealed carry permit? \_\_\_\_\_ Are you willing to comply with this requirement? \_\_\_\_\_

Do you have any safety concerns related to the retreat? \_\_\_\_\_

Are you having any suicidal thoughts currently (if yes, describe)? \_\_\_\_\_

\_\_\_\_\_

Have you ever attempted suicide (if yes, describe)? \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for psychiatric concerns (if yes, describe)? \_\_\_\_\_

\_\_\_\_\_

Do you have any current or history of self-harming behaviors (e.g. cutting, burning or hitting yourself). If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

What is your religious affiliation? \_\_\_\_\_

Highest level of education: \_\_\_\_\_ Fields of Major(s): \_\_\_\_\_

## Family Background

Tell us about your family of origin (*use a separate sheet, if necessary*):

<i>Name/Relationship</i>	<i>Known/suspected mental illness:</i>	<i>Three words to describe this person:</i>

Please name your **current** household (*use a separate sheet, if necessary*):

<i>Name/Relationship</i>	<i>Known/suspected mental illness:</i>	<i>Three words to describe this person:</i>

Describe your *relationship* with your mother (different from above):

---

---

---

---

Describe your *relationship* with your father (different from above):

---

---

---

---

Describe yourself ( Please check this box if you are willing to allow therapists to share the descriptors with the other participants for the purposes of an exercise at the intensive. Nothing else in this form will be shared).

---

---

---

---

What are your strengths and weaknesses?

---

---

---

---

### Substance Use and Treatment History

Please circle all substances you've ever tried:

Alcohol Marijuana Cocaine (any form) Heroin Pain Killers (other than as prescribed) Methamphetamines  
Hallucinogens PCP Nicotine Other: \_\_\_\_\_

With regard to the circled answers above, please complete in detail the table below.

Name of substance	Date of first use	Date of most recent use	Frequency of use (daily, weekly, etc)	Quantity of use	Did you experience increased tolerance (needed more to get the same high?)

Please complete the table below regarding substance abuse treatment

Name of substance	Type of treatment	Date range of treatment	Did you complete treatment/still ongoing	Remarks on the success of treatment

History of Mental Health Therapy:

<i>Clinician Name</i>	<i>Reason for Seeking Treatment</i>	<i>Outcome</i>

**Retreat Information**

Why are you participating in this retreat?

---



---



---



---



---

Is there anything else we should know about you?

---

---

---

Thank you for fully completing this form. If we need further information we'll schedule a time to meet before the intensive. The cost of this meeting will be included in the overall fee paid at registration. We look forward to working with you.

**Please include a recent photo of yourself  
(No larger than 4x6)**

## INDEMNITY AGREEMENT

This INDEMNITY AGREEMENT ("Agreement") is made effective on signature date below by and between CarePoint Christian Counseling, LLC ("CarePoint") of 12166 Old Big Bend Rd. Suite 204, Kirkwood, Missouri 63122 and Sexual Integrity Intensive Participant \_\_\_\_\_ ("Participant"), of  
*(Print First and Last Name)*

\_\_\_\_\_, \_\_\_\_\_ CarePoint and  
*(Print Address)*

Participant are individually referred to as "Party" and collectively referred to as the "Parties."

WHEREAS, Participant desires to indemnify CarePoint from any claims and/or litigation arising out of Participant's actions in connection with The Sexual Integrity Intensive ("Intensive").

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, CarePoint and Participant hereby agree as follows:

### TERMS

**1. Indemnification.** Participant shall fully defend, indemnify, and hold harmless CarePoint from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of Participant, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to CarePoint for all legal fees, expenses, and costs incurred by it.

**2. Authority to Enter Agreement.** Each Party warrants that the individuals who have signed this Agreement have the actual legal power, right, and authority to make this Agreement and bind each respective Party.

**3. Amendment; Modification.** No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties.

**4. Waiver.** No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a Party shall give the other Party any contractual right by custom, estoppel, or otherwise.

**5. Attorneys' Fees and Costs.** If any legal action or other proceeding is brought in connection with this Agreement, the successful or prevailing Party, if any, shall be entitled to recover reasonable attorneys' fees and other related costs, in addition to any other relief to which that Party is entitled. In the event that it is the subject of dispute, the court or trier of fact who presides over such legal action or proceeding is empowered to determine which Party, if any, is the prevailing party in accordance with this provision.

**6. Entire Agreement.** This Agreement contains the entire agreement between the Parties related to the matters specified herein, and supersedes any prior oral or written statements or agreements between the Parties related to such matters.

**7. Enforceability, Severability, and Reformation.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The intent of the Parties is to provide as broad an indemnification as possible under Missouri law. In the event that any aspect of this Agreement is deemed unenforceable, the court is empowered to modify this Agreement to give the broadest possible interpretation permitted under Missouri law.

**8. Applicable Law.** This Agreement shall be governed exclusively by the laws of Missouri, without regard to conflict of law provisions.

**9. Exclusive Venue and Jurisdiction.** Any lawsuit or legal proceeding arising out of or relating to this Agreement in any way whatsoever shall be exclusively brought and litigated in the federal and state courts of Missouri. Each Party expressly consents and submits to this exclusive jurisdiction and exclusive venue. Each Party expressly waives the right to challenge this jurisdiction and/or venue as improper or inconvenient. Each Party consents to the dismissal of any lawsuit that they bring in any other jurisdiction or venue.

**10. Signatures.** This Agreement shall be signed on behalf of CarePoint Christian Counseling, LLC by Tyler J. Sparks, Owner, Therapist, and on behalf of Sexual Integrity Intensive Participant by

\_\_\_\_\_, Participant, and effective as of the date first written above.  
(*Print First and Last Name*)

CarePoint Christian Counseling, LLC

Signature:

Date:

Tyler J. Sparks  
Owner, Therapist

Sexual Integrity Intensive Participant

Signature:

Date:

\_\_\_\_\_  
Participant (*Print first and last name*)