Life Covenant



I,, hereby promise that I wi any way, attempt suicide, or die by suicide.	II not harm myself in
any way, attempt salence, or are by salence.	
Furthermore, I agree that I will take the following actions if I am ever suitempted to end my life:	cidal and I feel
1) I will remind myself that I can never, under any circumstances, harm mattempt suicide, or die by suicide.	nyself in any way,
2) I will call 911 if I believe that I am in immediate danger of harming mys	self.
3) I will call any or all of the following numbers if I am not in immediate of myself but have suicidal thoughts (please list names, phone numbers, as contact information below). 1-800-273-8255 - A 24-hour suicide prevent called from anywhere in the U.S.	nd any other relevant tion line that can be
4) I will continue talking on the phone with as many people as necessar necessary until the suicidal thoughts have subsided.	y for as long as
SIGNATURE	DATE
WITNESS	DATE



Please see our complete statement of faith (victoryatl.com/statement-of-faith). We are not licensed counselors nor physicians. If you are in need of mental health services please contact a licensed counselor or physician. If you have a true medical emergency please immediately call 911 or go to your local emergency room.