# BETHEL SOZO MINISTRY OF THE COMMUNITY CHURCH

# LIABILITY RELEASE FORM

I (name) **Click here to enter name** do hereby release the Bethel Sozo Ministry of The Community Church and it’s volunteers from any liability, for any harm or perceived harm resulting from my voluntarily receiving of free prayer on this and subsequent visits. I understand that the Bethel Sozo Ministry of The Community Church is staffed by volunteers. They are not trained or licensed professionals of counselling, therapy or medical services. I undertake that if I am currently taking medication, or operating under advice of a professional service, I will allow my medical doctor, therapist, counsellor etc. to confirm any results of prayer received before altering any prescribed course of medication or action.

I further state that I have voluntarily sought assistance at my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry. I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.

I also agree to hold The Community Church free from any and all liability, loss or damage of any kind that may arise as a result of assistance that I have received or from my involvement with The Community Church.

I understand that if I receive ministry from The Community Church, the Sozo Ministry team is committed to respect the disclosed information, but not to complete confidentiality and where necessary the senior leadership of The Community Church may be informed to provide oversight guidance.  However, in certain circumstances they are legally bound to pass on information to the relevant authorities if a person is at risk, or certain criminal acts are disclosed   For instance in line with our safe guarding policy any child abuse to be reported to the Social Services Department.

I have read this disclaimer and release of liability form and understand and agree with it and have executed it as my free and voluntary act.

Signature:  Date: Click to enter date.