

VENTURA HEALING ROOMS
2085 SPERRY DRIVE, SUITE A1
VENTURA, CA 93003

LIABILITY RELEASE FOR VENTURA HEALING ROOMS SOZO MINISTRY

I (name) _____ acknowledge that team members from the Ventura Healing Rooms Sozo Ministry have voluntarily agreed to pray for me. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. 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 understand that Ventura Healing Rooms Sozo Ministry is a nonprofit California Corporation that makes no charge for its services. I further state that I have voluntarily sought assistance of 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.

Our team members offer biblical spiritual services to anyone who desires them regardless of ability to pay. Although there is no charge for our services, all efforts to build this ministry support and train our team members are paid directly from the donations of those receiving these services. We therefore have a suggested donation of \$50.00 or more per visit. Your contributions to this ministry are greatly appreciated because they support our further development. Please make donations payable to Ventura Healing Rooms. Your canceled check is you tax deductible receipt. Thank you!

I understand that if I receive ministry from Ventura Healing Rooms Sozo Ministry, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other Sozo leaders in our ministry to further your total healing process.

I understand that the members of the Ventura Healing Rooms Sozo Ministry are California State Mandated Reporters for child and elder abuse.

I agree to hold Ventura Healing Rooms Sozo Ministry and its team members free from any and all liability, loss or damage of any kind that may arise as a result of assistance which I have received or from my involvement with the Ventura Healing Rooms.

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

Signature

Date