



JOHN G. LAKE

APOSTOLIC HEALING CENTER

RELEASE OF LIABILITY

I, the undersigned do hereby release John G. Luke Apostolic Healing Center and their volunteers or staff from any liability, for any harm or perceived harm resulting from my voluntarily receiving of prayer on this and subsequent visits. I understand that John G. Lake Apostolic Healing Center are staffed by volunteers representing the body of Christ and reflect many denominations and churches. They are not trained or licensed professionals of counseling, therapy or medical services. I understand that if I am currently taking medication, or operating under the advice of a professional service, I will allow them (my medical doctor, therapist, counselor etc.) to confirm any results of prayer received before altering any prescribed course of action. I understand that this form and all data recorded on it is the sole property of John G. Lake Apostolic Healing Center. All content will be held in confidence for the sole purpose of ministry to the above.

I, _____ hold harmless and release all liability from John G. Lake Apostolic Healing Center and ministry team members. I understand they are prayer ministers and not doctors, psychologists or any other licensed mental or medical health professional.

I understand by signing this form that all questions regarding this form have been answered and I have a full understanding of the prayer ministry in this class/prayer session/conference.

Print Name(Minor): _____
Sign Name (Minor): _____
Date: _____

Parent/Adult Print Name: _____
Parent/Adult Sign Name: _____
Date: _____