



CAMARILLO HEALING ROOMS
1169 Calle Suerte
Camarillo, CA 93012

LIABILITY RELEASE FOR CAMARILLO HEALING ROOMS SOZO MINISTRY

I (name) _____ acknowledge that team members from the Camarillo 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 Camarillo Healing Rooms (CHR) 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.

CHR 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 \$75.00 or more per visit. Your contributions to this ministry are greatly appreciated because they support our further development. Please make donations payable to Camarillo Healing Rooms. Your canceled check is you tax deductible receipt. Thank you!

I understand that if I receive ministry from the CHR 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 Camarillo Healing Rooms Sozo Ministry are California State Mandated Reporters for child and elder abuse. I agree to hold the CHR 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 Camarillo 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