## THE SOZO CENTER – FATHER'S HOUSE

## **DELIVERANCE / INNER HEALING MINISTRY**

## Legal Liability Release and Authorization Form

Name:	
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(Last)

(First)

I, the undersigned, do hereby release and hold harmless Father's House of Texas, their volunteers, staff and property owners from any liability, for any real or perceived harm resulting from my voluntary visit and receiving of deliverance and healing ministry on this and any subsequent occasion.

I understand that Father's House Deliverance / Inner Healing Ministries are staffed by volunteers representing the Body of Christ and Father's House church. They are not trained or licensed professionals of counseling, psychiatry therapy or medical services.

I understand that if now or in the future, I am taking medication, or operating under the advice of any professional counseling, therapy or medical service, I will allow (my medical doctor, therapist, counselor, etc.) to confirm any results of prayer received before altering any prescribed course of action I am currently taking.

Signed:	_ Date:
If minor, Parent's signature:	Date:
Witness (ministry leader's) signature:	Date: