

LIABILITY RELEASE FORM

I (name) do hereby release Ark Healing Rooms and its volunteers from any liability for any harm, or perceived harm, resulting from my voluntarily receiving of free prayer on this and subsequent visits. I realise that the Ark Healing Rooms 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 the 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 my ministry team 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 them.

I understand that the people who will see my information will be Ark Healing Rooms team members only. However, in certain circumstances they are bound to pass on information to the relevant authorities if a person is at risk, or certain criminal acts are disclosed. For instance the Children Act 1989 requires any confidential disclosures in respect of child abuse to be reported to the Social Services department.

Our team members offer prayer to anyone regardless of ability to pay. Although there is no charge for our services, all efforts to build and support this ministry and train our team members are paid from donations of those receiving prayer. We suggest a donation of \$50 AUD per visit. Your contribution to this ministry is greatly appreciated. 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.

Signed _____

Date _____

Please email this signed form to healingrooms@arkministries.com.au