



## LIABILITY RELEASE FOR SOLOMON'S REST – FREEDOM MINISTRY

I (name) \_\_\_\_\_ acknowledge that team members from Solomon's Rest – Freedom 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 Solomon's Rest is a nonprofit North Dakota organization 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. All guidance, counsel, and advice that I receive will be solely based on Scriptural principles and Christian biblical standards as spelled out in the Holy Bible, the written Word of God. I further understand and acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, with regard to my healing and or deliverance.

I understand that if I receive ministry from Solomon's Rest – Freedom Ministry, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of Solomon's Rest so as to further your total healing process. This may include future meetings with spiritual mentors in the ministry to set appropriate boundaries for your personal and spiritual growth.

I agree to hold Solomon's Rest 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 Solomon's Rest.

**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**

**Parent/Legal Guardian of Minor:**

I hereby affirm and state that I am the legal \_\_\_\_\_ for  
\_\_\_\_\_, date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_.

I hereby consent for \_\_\_\_\_ to receive ministry in the areas of Spiritual Counseling, Freedom Ministry, and the Ministry of Deliverance that he/she has requested, and I release Solomon's Rest and Solomon's Rest - Personal Prayer Ministry team members from any and all liability that may occur as a result of this ministry.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**