



***I(name) \_\_\_\_\_ hereby release the Healing Centre of His Church New Zealand and its volunteers and staff from any liability for any harm or perceived harm resulting from my receiving free ministry voluntarily on this and subsequent visits. I realise that the His Church Healing Centre is staffed by volunteers. They are not licensed or trained professionals of therapy, counselling or medical services. I undertake that if I am currently operating under the advice of a professional service or taking medication, I will allow my medical doctor/therapist/counsellor etc to confirm any results of ministry before altering any prescribed course of medication or action.***

***I also state that I have voluntarily sought assistance at my own initiative and that I am under no obligation to accept any advice or help that I may have receive from the team members of this ministry. I understand that team members are to the best of their ability, doing what they can to help me achieve more freedom in my life.***

***I further agree to hold His Church New Zealand 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 His Church New Zealand ministry.***

***I understand that only ministry team members will see my information. However under 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.***

***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.***

**Signed: .....**

**Date: .....**

**Are you under the care of a mental health professional, diagnosed DID or SRA?**

.....

**Please submit this form with you before your ministry appointment by sending the signed copy to [healing@hischurch.org.nz](mailto:healing@hischurch.org.nz).**

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