

# Physical Healing Booths - Informed Consent Form

**ASSUMPTION OF RISK.** Releaser understands, is aware of, and assumes all risks inherent in participating in the Physical Healing Prayer Ministry. These risks include, but are not limited to, physical and emotional responses and reactions resulting from the Prayer Ministry.

**INDEMNITY.** Releaser agrees to indemnify Releasees from any liability, loss, damage or cost Releasees may incur due to the participation by Releaser in the Prayer Ministry, whether caused by the negligence of Releasees or otherwise. Releaser assumes full responsibility for any risk or damage due to negligence of Releasees or otherwise while participating in the Prayer Ministry.

**MEDICAL TREATMENT.** I understand that I will continue to seek medical advice and or treatment for my condition/s. To confirm healing and the ceasing of medication/s and or treatment/s, I will also seek medical advice.

This Agreement contains the entire agreement between the parties regarding Physical Healing Prayer Ministry.

RELEASER REPRESENTS THAT:

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS, INCLUDING THE NEGLIGENCE OF RELEASEES.

I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN THE PRAYER MINISTRY SET FORTH IN THIS AGREEMENT.

I UNDERSTAND THAT I AM INDEMNIFYING THE RELEASEES.  
I VOLUNTARILY SIGN MY NAME, EVIDENCING MY UNDERSTANDING AND  
ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

