## LIABILITY RELEASE FORM: BETHEL CHILDREN'S SOZO MINISTRY

I (name of parent)	acknowledge that the Bethel Sozo team
members have voluntarily agreed to minister to my chi	ld. I understand this session is not professional
counselling and that most team members are not license	ed practitioners or counsellors. I understand that
the Bethel Sozo team members are to the best of their abi	lity, doing what they can to help my child through
prayer ministry.	

I understand that Children's Sozo makes no specific charge for its services. 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 have received from the team members of this ministry.

Our team members offer biblical and spiritual based services to anyone who desires them regardless of ability to pay. The Sozo experience is such a blessing that you will want to bless and honour those who have helped your child in this way. We therefore have a suggested donation of £20-£35 per visit. Your contributions to this ministry are greatly appreciated because they support our further development. If you would like to make a donation please make cheques payable to Kingdom ministries. Please write (Children's Sozo) on the back of the cheque.

I understand that if my child (Under the age of 18 - Children's Act 1989) receives Ministry from the Bethel SOZO team, the team is committed to respect the confidentiality of all disclosures. There are some exemptions to this;

- 1. If it is apparent that the child or another child has or is likely to suffer harm, abuse or neglect.
- 2. If it is apparent that any vulnerable adult has or is likely to suffer harm, abuse or neglect.
- 3. Using information shared in a de-identified way for training purposes.

I agree to hold the Bethel Sozo team members free from any and all liability for loss and/or damage of any kind, howsoever caused, that may arise as a result of the assistance which my child receives or from any involvement with Bethel Sozo.

I understand that at no time will any Bethel Sozo team member ever make, comment or proffer advise on any matter of medication or medically diagnosed condition and that all and any advice of a medical nature or condition, known or suspected, is between myself and my Professional Health Care advisor. If my child has been prescribed any medication then it is a condition of the Bethel Sozo ministry that we continue with the said prescribed medication and that any discussion regarding that medication or condition should be address with my professional Health Care advisor. I wholly accept the Bethel Sozo team is not permitted or professionally competent to comment or become involved in any way in such matters.

Please bring this liability release form to Bethel Sozo Ministry to your Sozo appointment. Note: The Sozo Ministry used is modelled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding, CA96003, USA, (<a href="www.ibethel.org">www.ibethel.org</a>).

I have read this disclaimer and release of liability and agree to my child having a Sozo.	
Signature	Date
Relation to child	