



ALETHEIA MINISTRIES

LIABILITY RELEASE FORM

I (name) _____ acknowledge that team members from Aletheia Ministries, a ministry of St. Giles Evangelical Presbyterian Church, have voluntarily agreed to pray for me. I understand that this ministry session is not a professional counseling meeting and that none of the Aletheia team members are licensed counselors. I understand that the Aletheia Ministries team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life. As such, I agree to hold Aletheia Ministries and the home church, St. Giles Presbyterian EPC, Charlotte NC, harmless and release them from any liability claims.

I understand that this experience may produce a mix of emotions in me. I also understand that I am free to stop or alter the session at any time and for any reason. In receiving ministry from Aletheia Ministries, the team is committed to respect information disclosed during a ministry session, and will hold my confidentiality within Aletheia Ministry team members.

I acknowledge that this ministry experience is being offered to me free of charge and at my request of Aletheia Ministries. Although there is no charge for our services, efforts to build and develop this ministry and train our team members are paid directly from donations received for these services. Should you desire to make a donation, please make checks payable to: St. Giles Presbyterian Church, designated for: Aletheia Ministries. All donations are tax deductible. Please return the Application and signed Liability Release form to: **St. Giles Presbyterian Church, Attention: Aletheia Ministries, 2027 Emerywood Drive, Charlotte, NC 28210, or via e-mail at carol@aministries.com.** Once your paperwork is received, we will contact you to schedule and appointment. Donations are greatly appreciated.

I agree to hold Aletheia Ministries, its home church, St. Giles Presbyterian Church 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 will receive.

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