

**Personal Consent to Receive Ministry**

**I do hereby affirm and state that I:**

(Your name) \_\_\_\_\_  
give my consent for

(Name(s) of: \_\_\_\_\_

to minister to me in the areas of Spiritual Counselling, Personal Ministry and the Ministry of Deliverance.

I understand and acknowledge that all ministers either Licensed or Lay that are involved in this ministry are not licensed or trained as psychotherapists, mental health professionals or professional counsellors.

All guidance, counsel and advice that I receive will be solely based on Scriptural principles and Christian biblical standards as spelt 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 state that I have voluntarily sought this ministry for myself and that I hereby release:

\_\_\_\_\_ and all  
volunteers

working with \_\_\_\_\_, from any and  
all claims

of actual or implied liability that may arise now or in the future as a result of the ministry I receive.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_