

Name _____ Date _____

Please briefly list the physical/emotional/spiritual issues for which you would like prayer.

I understand that the ministry of deliverance and healing prayer is a ministry based in religious belief and is not recognized by the secular field of psychology as a method for the resolution of psychological problems nor is it recognized as a method of resolution for physical problems.

I further understand that the session will be conducted by lay persons who have received instruction from trained prayer ministers.

I recognize that this step of faith has been helpful for many but has not been scientifically proven. I understand that I might experience heightened emotions and memories that were previously un-known or unresolved, that neither I nor anyone else knew about in advance.

I understand that there is a possibility that one or more of these memories may be screened or false. I will not hold any of the participants responsible for my memories or behaviors.

I give my consent for prayer ministry, and am in no way being forced, pressured, or coerced to submit to this procedure from any person or entity. I also have the right to terminate the session at any time without penalty. I understand that there is no guarantee of continued or ongoing prayer ministry with Aslan's Place staff members or any associated individuals, ministries or churches. Aslan's Place staff and all associated individuals reserve the right to discontinue a prayer session at any time for any reason as they feel led.

I do understand that if I give any indication that I am currently suicidal or if there is new information about a current molestation of a minor that the prayer minister will report this immediately to legal authorities.

I understand that some participants in prayer sessions may have professional medical or psychological licensing. However, these participants are NOT operating in their professional capacities. Any statements made during these prayer sessions are in the context of spiritual observations and should in no way be construed as a professional diagnoses or medical advice. Furthermore, any statements made during these sessions do not replace advice or guidance from your own doctors.

I understand that I should not make any changes to treatments, therapy or medications without consulting my own doctors or professional caregivers.

I understand that I may record my prayer time, but that it is for personal use only. I understand that I am not permitted to post or share this recording via email, social media, etc.

I am entering my name below as a legal acknowledgment that I have been informed of my rights and have had the opportunity to obtain whatever information or professional advice I deemed necessary or appropriate prior to undergoing deliverance and prayer for healing.

Signature _____ Date _____

Please print, sign and bring to Aslan's Place. Consent forms will also be available during check in.