

CODE:

COUNSELOR:

DATE OF 1ST APPT:

# LIABILITY RELEASE FORM



Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

## I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

1. The AbundantLife Counselling Ministry falls under the vision and values of Restoration Ministries & LifeHouse Church, and is based on biblical principals by applying the truth of God's Word to daily life and there may be opportunities for prayer led by Holy Spirit.
2. I hereby state that 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 might receive from the Counsellors of this ministry.
3. All information in these sessions will be handled in a confidential manner, however I understand that it is required by law that **ANY** information disclosed of "reasonable suspected child abuse", the intent to harm or endanger another person or one's self, is required to be reported to the relevant authorities.
4. The volunteer pastoral counsellors of AbundantLife Counselling are **not professionals**, they have been equipped with the tools & training to create a safe and non-judgmental environment to facilitate **spiritual & personal growth** and cannot give medical or legal advice.
5. I understand that I may be **referred** to other professionals such as psychologists, psychiatrists, social workers etc., should it be necessary.
6. Due to training purposes, there may be more than one counsellor present.
7. If I am able, I am willing to make a (*not obligatory*) **DONATION** towards each counselling session, thus showing my commitment and ownership to the process.
8. Out of courtesy, I will give at least **24 hour notice** when **canceling an appointment**, failure to do so for 2 weeks in a row results in the loss of my appointment time.

**I have read this disclaimer and release of liability, understand and agree with it and have executed it as my free and voluntary act. I take full responsibility for any decision, choices and actions I make in conjunction with the counselling support I receive, and therefore, absolve Restoration Ministries, the AbundantLife Pastoral Counselling Team and LifeHouse Church, all staff and volunteers from any liability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email this completed Liability Release Form together with the Application Form to [abundant@lifehousechurch.co.za](mailto:abundant@lifehousechurch.co.za)  
Once we have received your completed forms we will confirm your Counselling dates with you.