**M&K MINISTRY**

Hold Harmless Agreement

This is to certify that I voluntarily consent to be ministered to by Minna Kayser, Cheryl Sivacek, and/or Karen Keegan. I understand that I am free to terminate this session at anytime.

**I fully understand that the ministry I receive is NOT counseling in any form, but rather prayer ministry.** I understand that Karen, Minna, and Cheryl are not state-licensed counselors. I do not hold Minna, Karen, or Cheryl responsible for ANY outcome that may arise as a result of this ministry. I also do not hold them responsible for any additional care that I may need in the future. I take full responsibility for my own personal choices and actions.

I understand that my identity will be kept **confidential** between Minna, Karen, and Cheryl, and that anything discussed within the context of this ministry will remain confidential unless permission is given to share it (see exceptions in next paragraph).

I am aware that Minna, Karen, and Cheryl are **mandated by law** to report to Protective Services if they suspect child (under age 18) or elder (over age 65) abuse or if a vulnerable adult is currently endangered by abuse, or if I am a danger to myself or others.

Though Minna, Karen, and Cheryl do not accept personal gifts in exchange for ministry rendered, **a suggested donation to M&K Ministry is appreciated at the time of ministry.**

I hereby release Minna, Karen, and Cheryl from liability for all acts performed in good faith and without malice in connection with this ministry experience or any subsequent prayer session.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_