**M&K MINISTRY**

Hold Harmless Agreement

As part of your Intensive with Branches Counseling Center, you will be meeting with Minna Kayser, Cheryl Sivacek, and/or Karen Keegan for an inner healing prayer session.

**I understand that the ministry I receive in this session 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.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_