

# Celebration Church Celebration Christian Center

## Liability Release For Celebration Church Aliso Viejo Ministries

I (name) \_\_\_\_\_ acknowledge that team members from Celebration Church Aliso Viejo have voluntarily agreed to pray for me. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. I understand that the team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.

I understand that Celebration Church is a non profit California corporation that makes no charge for its services. I further 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 team members of this ministry.

Our team members offer biblical spiritual services to anyone who desires them regardless of ability to pay. Although there is no charge for our services, all efforts to build this ministry support and train our team members are paid directly from the donations of those receiving their services. We, therefore, have a suggested donation of \$75.00 or more per visit. Your contributions to this ministry are greatly appreciated because they support our further development. Please make donations payable to Celebration Church. Any donations above the suggested donation of \$75.00 is tax deductible. If you would like a tax-deductible receipt, we will provide one for you. Thank you.

I understand that if I receive ministry from Celebration Church, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of Celebration Church so as to further your total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your personal and spiritual growth. I understand that Celebration Church mandatorily reports child and elder abuse to the proper authorities.

I agree to hold Celebration Church and it's team members harmless and free from any and all liability, loss or damage of any kind that may arise as a result of assistance, which I have received, or from my involvement with Celebration Church.

I have read this disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SOZO MINISTRY APPLICATION

Name \_\_\_\_\_

Date of Application \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ (cell/home/work) \_\_\_\_\_

Gender (male/female) \_\_\_\_\_ Age \_\_\_\_\_

Church Attending \_\_\_\_\_

Are you currently applying for a SOZO as a requirement for being a part of a Celebration Church Ministry? If so, which one? \_\_\_\_\_

Have you received ministry from a Celebration Church SOZO team in the past? \_\_\_\_\_

Approximate date of ministry? \_\_\_\_\_

Other than a requirement for ministry, why would you like to receive a SOZO?

\_\_\_\_\_  
\_\_\_\_\_

Are you presently or have you in the past, been ministered to by any other ministry of Celebration Church? \_\_\_\_\_

If yes, with whom? \_\_\_\_\_ Last date of Ministry \_\_\_\_\_

Who referred you to the SOZO ministry? \_\_\_\_\_

Do you attend a House Church? \_\_\_\_\_

If not, we strongly recommend you find one. We recommend that you share with someone you trust what happened during the SOZO so that you will have someone to pray with and hold you accountable (this person should not be who you consider your "best friend").

Will you be able to fast or pray one week before your Sozo? Yes/No \_\_\_\_\_

Ask the Lord what He wants you to fast. It can one meal a day or fasting watching T.V.

For the value of the time spent ministering to you, there is a suggested donation of \$75.00. Please send the donation when you return this application and the signed Liability Release form to Celebration Church, Attention: Sozo Healing Center, 33 Halcyon, Aliso Viejo, CA 92656. As soon as your paperwork is received, we will contact you to schedule an appointment. Thank You.

**OFFICE USE ONLY:**

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

Split \_\_\_\_\_

APPOINTMENT DATE & TIME \_\_\_\_\_ Counselor \_\_\_\_\_