Liability Release Form for Holy Spirit Encounter LLC

I (nam)			(parent	or	guardian	of)
		acknowledg	ge that team mem	bers from HS	E (Holy	y Spirit Encou	ınter)
my youth	arily agreed to pray ill be involved in is counselors. I unde help the youth achie	not a professional rstand that these to	counseling meeti eam members ar	ing and that n	one of	the team men	nbers
of my owr	d that HSE is a nonpi initiative and that I ven from the team n	am under no obli	gation to accept		•	O	
information other lead	nd when ministry is but not to complete rs of HSE as to furthed der abuse to the pro	e confidentiality. A her the total healii	any information r	eceived, as ne	eded, n	nay be shared	d with
_	old HSE and its tear s a result of assistan			-			
	this disclaimer and a voluntary act as pa		and understand a	nd agree with	it and	have execute	d it as
		(Guest Name)					
		(Parent/Guard	lian Name)				
		(Signature)					
		(Date)					