GENERAL RELEASE, WAIVER OF LIABILITY & FULL DELIVERANCE QUESTIONNAIRE

SECTION 1 — GENERAL RELEASE & WAIVER

This Agreement is made on this ____ day of _____, 20____

Between Deliverance360 Ministry ("Ministry") and:

Name of Participant ("Releasor"): _____

1. Purpose of Ministry Session

The Releasor voluntarily requests ministry from Deliverance360, including spiritual assessment, prayer, inner healing, and deliverance ministry. No specific results are guaranteed.

2. Acknowledgment of Risks

Releasor acknowledges possible emotional, mental, physical, or spiritual responses. Releasor affirms they are over 18 and mentally competent.

3. Release of Liability

Releasor releases Deliverance360 Ministry, its pastors, ministers, volunteers, and affiliates from liability related to personal injury, emotional distress, spiritual experiences, or property damage.

4. Consent to Physical Touch

☐ YES, I consent

☐ NO, I do not consent

5. Consent for Audio/Video Recording

☐ YES, I allow recording

☐ NO, I do not allow recording

6. Confidentiality

Information shared remains confidential except where required by law.

7. No Medical or Psychological Services

Deliverance360 does not provide medical, psychiatric, or counseling services.

8. Arbitration & Governing Law

Any disputes will be resolved through Christian arbitration.

9. Voluntary Participation

Releasor signs voluntarily and understands all terms.

SIGNATURES

Releasor Signature: _____

Print Name: _____

Date: _____

Deliverance360 Representative: _____

Date: _____

SECTION 2 — FULL DELIVERANCE QUESTIONNAIRE

PERSONAL PROFILE

Name: _____

Date: _____

Sex: ☐ Male ☐ Female

Address: _____

Phone: _____

Email: _____

Age: _____

Marital Status: _____

Church Attendance: _____

BACKGROUND INFORMATION

Describe your parents: _____

Describe relationship with parents: _____

Describe your self-image: _____

Describe siblings: _____

Why are you seeking deliverance? _____

Marital history: _____

Generational history (health/occult patterns): _____

PERSONAL EVALUATION

Special training: _____

Talents/hobbies: _____

Best qualities: _____

Weaknesses: _____

What bothers you most? _____

MEDICAL HISTORY

Current medical condition & medications: _____

Medical history (check all that apply): Arthritis ☐ Back Issues ☐ Asthma ☐ Allergies ☐

Extended medical issues: _____

Counseling/psychiatric history: _____

SPIRITUAL HISTORY

Salvation age: ____

Water Baptism age: ____

Holy Spirit Baptism age: ____

Church involvement: _____

Ministry involvement: _____

Spiritual gifts: _____

Daily devotional habits: _____

AREAS OF INVOLVEMENT (Past / Present)

DRUGS:

LSD ☐Past ☐Present

Speed ☐Past ☐Present

Cocaine ☐Past ☐Present

Marijuana ☐Past ☐Present

ADDICTIONS:

Alcohol ☐Past ☐Present

Gambling ☐Past ☐Present

Sexual Addictions ☐Past ☐Present

SEXUAL HISTORY:

Molestation, Pornography, etc.

WITCHCRAFT/OCCULT:

Ouija ☐Past ☐Present

Magic ☐Past ☐Present

Horoscopes ☐Past ☐Present

NEW AGE:

Yoga ☐Past ☐Present

ESP ☐Past ☐Present

Hypnosis ☐Past ☐Present

DEPRESSION/MENTAL ISSUES

Anxiety ☐Past ☐Present

Nightmares ☐Past ☐Present

CHARACTER ISSUES:

Anger ☐Past ☐Present

Bitterness ☐Past ☐Present

Rebellion ☐Past ☐Present

OTHER RELIGIONS:

Islam ☐Past ☐Present

Mormon ☐Past ☐Present

Satanism ☐Past ☐Present

SECRET SOCIETIES:

Freemasons ☐Past ☐Present

Eastern Star ☐Past ☐Present

ENTERTAINMENT INVOLVEMENT:

Occult movies ☐Past ☐Present

ADDITIONAL QUESTIONS

What disappoints you most about yourself? _____

List traumatic events: _____

Describe recurring dreams: _____

Who do you struggle to forgive and why? _____

Additional concerns: _____