

## North County Healing Rooms Freedom Prayer Application & Waiver

The goal of Freedom Prayer is to help you to find freedom and inner healing at the deepest levels. If you have struggled with deep wounds, spiritual darkness, distortions about God, or other internal issues that are holding you back, Freedom Prayer may be just what you need. If you are interested in receiving healing prayer through our Freedom Prayer team, please fill out this form and return it at your earliest convenience. Someone will contact you regarding setting up an appointment. NOTE: A \$30 donation is suggested per Freedom Prayer session. Please pay in cash or check to the North County Healing Rooms at the time of your appointment.

Name (First and Last) \_\_\_\_\_

Email \_\_\_\_\_

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

City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_\_\_

Gender Male / Female ( Circle one)

Marital Status Married / Single / Divorced / Widowed (Circle one)

If you are married, does your spouse agree with your decision to pursue Freedom Prayer? Yes / No (Circle one)

Have you trusted Jesus Christ as your personal Lord and Savior? Yes / No (Circle one)

If yes, please state how long ago: \_\_\_\_\_

What is your church home? \_\_\_\_\_

Would the leaders of your church have any objections to your pursuit of Freedom Prayer (also known as Sozo)? \_\_\_\_\_

Please visit the Freedom Prayer website at [www.freedomprayer.org](http://www.freedomprayer.org) and read the FAQ (frequently asked questions.) Also, please watch the FAQ videos by Andy Reese: "Freedom Prayer Structure," "Freedom Prayer History," "Freedom Prayer Key Characteristics," and "What a Freedom Prayer Session Looks Like." You can access these from the FAQ page by clicking on the single Andy Reese video on the left, "Freedom Prayer Structure," and that will take you to the other videos.

After reading and watching the above, check the box acknowledging that you understand what Freedom Prayer is and what to expect from a session.

Yes

The foundation of Freedom Prayer is in “listening prayer,” the ability to connect with the Lord, know His presence and hear his voice. Please describe your current ability to connect with God and hear Him. If you have no experience in this area, please tell us. We can provide instruction as needed.

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How did you hear about Freedom Prayer? \_\_\_\_\_

Have you ever received a Freedom Prayer session before?

Yes / No (Circle one)      Approximate Date \_\_\_\_\_

Who did you have your previous Freedom Prayer session with?

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Are you comfortable with a mixed gender prayer team?    Yes / No    (Circle one)

Are you currently seeing a therapist/counselor?    Yes / No    (Circle one)

If you are currently taking any medications, please list here:

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Why would you like to receive a Freedom Prayer session?

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We encourage you to live your life in community with the body of Christ. Please find a believer that you trust to share about what happened during the session, so that you will have someone who can pray for you and keep you encouraged. Also, please consider fasting and/or praying for a week before your prayer session. Are you willing to find another believer to walk with you in accountability and prayer?

Yes / No (Circle one)

Please check any of the following that apply to you: Anxiety Headaches Depression Sleep Disturbance Criminal Record Addictive Behavior Drug Abuse Alcohol Abuse Physically Abused Physically Abusive Sexual Abused Sexually Abusive Sexual Promiscuity Suicidal Suicide Attempts Recent Loss Increase/Decrease Appetite Outbursts of Anger Hearing Voices Involvement in the Occult Involvement in Mormonism Involvement in Freemasonry None

Please describe any other symptoms or problems for which you are seeking Freedom Prayer:

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## Freedom Prayer Waiver and Release Form

*Liability Release Form for North County Healing Rooms, Atascadero, CA Freedom Prayer Ministry*

I understand that the Freedom Prayer sessions are staffed by volunteers who are not professionally trained or licensed professionals in counseling, therapy, or medical services. I also acknowledge that the Freedom Prayer team members have voluntarily agreed to pray for me using various inner healing methods and I understand that they are doing their best to help me achieve more freedom as part of my discipleship in the Christian faith.

I also 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. Furthermore, I hereby release the Freedom Prayer Ministry, the volunteer staff, pastoral/church staff, and North County Healing Rooms from any liability related to any harm, or perceived harm (physical, mental, emotional, etc.) as a result of receiving prayer on this and any additional visit.

I understand that if I am currently taking medication, or operating under the advice of a medical doctor, therapist, counselor, or any professional health service, I will allow said professional to confirm any results of prayer received before altering any prescribed course of action.

I understand that this form and any data collected from my session is the sole property of the Freedom Prayer Ministry at the North County Healing Rooms in Atascadero, CA. I appreciate and understand that the team is committed to respect the disclosed information, but not to complete confidentiality. The information may be shared with other leaders of the Freedom Prayer ministry so as to further my total healing process. This may include future meetings with spiritual mentors in my church or Christian community to set appropriate boundaries for my personal and spiritual growth.

We are required by law to report:

1. Any intent of a person to take harmful, dangerous or criminal action against another person or against him/herself.
2. Any act of child or elderly abuse or neglect.

I further agree that I, on behalf of myself and my heirs, legal representatives, successors or assignees, release North County Healing Rooms, church affiliates, staff, directors, board members, and volunteers from any and all liability and will not assert any unlawful or dishonest claim.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_