

Covenant Release of Liability Form

**Christ Jesus is Lord of lords, and King of kings,
He loves you, and He paid for your freedom!**



Per Florida Statutes, all information you provide is strictly confidential.

Florida Statute 90.505 Privilege with respect to communications to clergy.—

(1)For the purposes of this section:

(a)A “member of the clergy” is a priest, rabbi, practitioner of Christian Science, or minister of any religious organization or denomination usually referred to as a church, or an individual reasonably believed so to be by the person consulting him or her.

(b)A communication between a member of the clergy and a person is “confidential” if made privately for the purpose of seeking spiritual counsel and advice from the member of the clergy in the usual course of his or her practice or discipline and not intended for further disclosure except to other persons present in furtherance of the communication.

(2)A person has a privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication by the person to a member of the clergy in his or her capacity as spiritual adviser.

(3)The privilege may be claimed by:

(a)The person.

(b)The guardian or conservator of a person.

(c)The personal representative of a deceased person.

(d)The member of the clergy, on behalf of the person. The member of the clergy’s authority to do so is presumed in the absence of evidence to the contrary.

History.—s. 1, ch. 76-237; s. 1, ch. 77-77; s. 1, ch. 77-174; ss. 11, 22, ch. 78-361; ss. 1, 2, ch. 78-379; s. 477, ch. 95-147.



Please complete the below form, **legibly**.

Today’s date: Day_____ Month_____ Year_____

Please Print Your Name Below:

First

Middle

Last

What name do you prefer to be called: _____

If deliverance candidate is a minor child, or dependent adult, please print their name legibly:

First Middle Last

Preferred name for minor child, or dependent adult? _____

What is your relationship to minor child, or dependent adult? _____

Your complete mailing address:

Street Address _____

(or) Post Office Box Number _____

City _____ State _____ ZIP _____

Your Telephone Number: _____

Your Email Address: _____

Your Date of Birth, or Date of Birth of minor child, or dependant adult:

DAY _____ MONTH _____ YEAR _____

***Please, sign this *Covenant Release of Liability Form*,
only if you understand and agree with the below statement.**

I hereby release and hold harmless, everyone involved in the *deliverance from demonization session(s)*, for myself, or my minor child, or dependant adult, for any and all negative consequences which may occur during and after experiencing said deliverance session(s).

Signature

[There is never a charge for deliverance, and donations are *NOT* wanted.](#)

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