

Kowecha Street, OM

NAME _____
TELEPHONE (RES) _____ (BUS/CELL) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
BIRTH INFORMATION: Date, Time, Location _____
E-MAIL ADDRESS _____

AFFIDAVIT OF GENERAL RELEASE OF LIABILITY AND CLAIMS

PLEASE BE CERTAIN TO READ THIS DOCUMENT IN ITS ENTIRETY. IT CONTAINS IMPORTANT INFORMATION CONCERNING THE NECESSARY LEGAL RESTRICTIONS AND SPIRITUAL PRINCIPLES THAT YOU ARE RESPONSIBLE FOR UNDERSTANDING COMPLETELY, RELATING TO THE PRACTICE OF ADMINISTERING THE SACRAMENTS OF HEALING MINISTRY TO YOU, THE SACRAMENTAL PETITIONER.

By the signature of this document I, the sacramental petitioner, understand and agree to comply with the following guidelines for receiving the sacrament of healing from the Most. Rev. Kowecha Street (hereinafter referred to as the "the healing ministrant")

[1] I come of my own free will and spiritual intention, to request the ministrations of the healing ministrant named above. I understand that the healing services and sacramental rites being offered by the healing ministrant are for the purpose of assisting me in my spiritual growth towards Wholeness.

[2] Even though it is perhaps my desire to achieve physical and conscious healing results from the healing sacraments that will be offered to me, I understand that neither the healing ministrant, nor his assistants are in any way representing themselves to minister directly to the physical body, nor to any psychological, behavioral or emotional issues I may have.

[3] I understand that the healing ministrant, and the tradition of spiritual healing, has no relationship whatsoever with any medical nor therapeutic techniques or methods, and that neither the healing ministrant, nor her assistants are licensed nor certified as medical health care or mental health care providers, and that should such intervention be necessary, that I will be advised to consider seeking licensed therapists or medical or mental health care providers for these services. Because the healing ministrant is not a medical or mental health care provider, I also understand that such advisement is not to be construed as a professional recommendation on the basis of evaluation nor assessment.

[4] Furthermore, I understand that any suggestions as to spiritual methods or prayer, or other preparations or devices offered to me as part of my healing program are given as sacraments intended to benefit my process of spiritual empowerment and ensoulment, and that these are not intended to have any medical or conscious effects upon my body, my emotional or psychological state of being, or any other aspect of my present, past or future state of being for which medical or mental health care providers should be consulted.

[5] The healing ministrant does not warrant nor imply in any way that her efforts will alleviate any of my physical conditions or emotional psychological or conscious states. I have been further advised that the healing practitioner are performing the sacrament of healing upon me as mere instruments of Divine inspiration and spiritual guidance, and that none of their efforts in my behalf are the result of self-intention, personal motivation, nor methodological invention. As agents of Divine Will, I have been advised that it is thus only possible to administer the sacrament of healing, and allow the Providence of God to dictate the final disposition of the mortal and temporal aspects of the person seeking such healing. Therefore, of free will and choice and sound mind I here give testament to allow Almighty God, in His mercy to direct my destiny and outcome through freely surrendering to His Will and His Will alone through their ministration and guidance.

[6] Therefore, because it is impossible to determine the nature of the outcome of Divine Providence by the intervention of God in the administering of the sacrament of healing in distresses of any kind, I further release the healing ministrant from any liability or claims of whatever nature of what may result from requesting the sacrament of healing under the auspices of her ministering to me with respect to either past, present, or future conditions of a physical, emotional, conscious or spiritual nature. I acknowledge that I

have not been dissuaded by Kowecha Street from pursuing such interventions or in utilizing any of the modalities involved with any other such efforts. I further understand that I am free to seek any other help from any source I desire, and that the healing ministrant are free to cease efforts in my behalf at any time. I also understand that no attempt will be made at any time to persuade me to continue my ministrations of the sacrament of healing with the healing ministrant should I not wish to do so.

[7] I have been advised that in the first healing session, I can request information concerning my spiritual conditions and their reflective manifestation within the physical body, following the statement by the Christ that "the Kingdom of God is within you" (Luke 17:21). However, I also understand that the information provided by the healing ministrant concerning the nature of the spiritual and vital condition of the body is for meditative and sacramental purposes only, and is in no way to be construed as a medical diagnosis or description of actual physical conditions. I have been advised that the healing ministrant are interpreting the nature of the physical body through the "gift of discernment" (I Cor. 12:10) so as to understand the nature of the healing through the presence of the spirit-soul within my mortal body. Thus, any discussion of the body is completely addressed from its spiritual condition and nature, and not from the standpoint of its physical, anatomical, structural, systemic, functional or pathological conditions. For any such information, a licensed physician must be consulted. Furthermore, neither the healing ministrant nor his assistants can comment on the use of prescribed medical drugs, therapies or other standard procedural modalities of any kind. Again, for this information, a doctor or other licensed practitioner must be consulted.

[8] I have been made aware of the fact that according to the spiritual traditions practiced by Kowecha Street, that the sacrament of healing does involve, under spiritual guidance and inspiration of the Holy Spirit, to establish healing in part by contact with the physical body by the laying on of hands (Acts 8:17, I Timothy 4:14).

[9] While the action of touching the physical body in this form is traditionally valid since Biblical times, I have been advised that I am free at any time to request that any or all such healing that is ministered to me can be done strictly with the use of off-the-body motions of the hands as well.

[10] I understand and have been advised that because the healing ministrant may at times be in an altered state of consciousness through inspiration and meditation during my healing sessions, that I take full responsibility to communicate to my healing ministrant if, at any point, I am uncomfortable or create boundary issues with the form of touching or hand motion that I am experiencing while the sacrament of the laying on of hands is being performed, and that I am free to terminate this part of the healing session, or any other part of the healing session at any time if I so choose. Also, I take full responsibility for asking for such clarifications as I find necessary to be sufficiently aware of the nature and unfoldment of the healing sacrament as it is being performed upon me, either in healing consultation sessions or during prayer-healing sessions that I may request from time to time.

[11] I further understand that although traditionally the spiritual empowerment of the practice of laying-on of hands is considered one of the most powerful and direct methods of receiving the Holy Spirit in healing, that no attempt will be made to impose this method of healing upon me should I not wish it, and that I can request that all healing sacraments be rendered to me through intercessory prayer and meditation.

[12] I further understand that, should I wish, I may have a support person in the healing room while the healing sacrament is being performed. Moreover, at the healing practitioner's request, I may be asked to have a parent, designated guardian, or support person in the healing room to facilitate behavioral or interactive control of younger children or persons who are physically or mentally compromised, or for those who are unfamiliar with the nature of the healing environment.

[13] In all such cases, the parent, guardian or designated support person, along with the sacramental petitioner accepts full responsibility to inform the healing ministrant of whatever circumstances are necessary to facilitate the healing environment and the administration of sacraments.

[14] Also, I understand that the amount of remuneration requested by Kowecha Street for this healing sacrament is a donation. Because the remunerations given are offered on a donation basis, I understand that the amounts given to Kowecha Street for this, or any other purpose, is for the support of her religious activities, and is thus non-refundable.

[15] Lastly, I understand that I am free to ask any questions I wish concerning the contents of this document, and that by my signature at the end of the *Summary of Disclaimer Information*, I take full responsibility for having asked for whatever clarifications I have needed in being able to render conscionable judgment concerning the contents of this document, and agree to all of its conditions.