THE RIVER: HEALING & DELIVERANCE FREEDOM SESSION APPLICATION

After completing the contact information, please sign the release of liability form on the back of this application. Once we receive your completed/signed application we will add your name to our waiting list for an appointment.

Printed Name:	Male / Female Age Date of Birth:
Address/City/State/Zip Code:	
Home Phone:	Mobile Phone:
Email Address:	
Church Home:	
How did you hear about Freedom Fig	ghters or who referred you?
I would evaluate my need for a Freed	dom Session as:
-	□ Needed □ Wanted □ Not Urgent
Please select all time slots that work	for you:
	□ Thursday Night 6:15 pm – 9:15 pm
Preferred team composition:	
☐ Gender Specific ☐ No Pr	eference
,	ession and I understand there is a waiting list. I will cooperate in seeking to in <i>prayerful preparation</i> for my session. I am a born again believer and claim ealer and King.
Signed:	Date:
Please call The River with any questic	ons at 913-269-9377 or Email us at compassofgardner@gmail.com

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Your completed application may be given to our Administrative Team or mailed to Compass Ministries International,
18245 S Hedge Ln, Olathe KS 66062

Once you are added to our waiting list to be scheduled, we will contact you via text and/or email when we have a session available. Once you are scheduled, a reminder will be sent to your email address the day before your session.

Freedom sessions are provided by unpaid servants who, out of their love for Jesus, give their time, gifting, and resources to join Jesus in His ministry of setting captives free. We rely on servants and your donation to pay the bills. If you would like to support this ministry please feel free to donate using the envelope provided. Your gift is tax deductible. *Please make checks payable to Freedom Christian Fellowship Inc.* **Continue on other side of this page>**

Personal Consent and Liability Waiver

I do hereby affirm and state that I,(Print your name he	, give my consent for
a Freedom Team to minister to me in the areas of biblical o	•
I understand and acknowledge that all team members, pro	fessional ministers or trained servants, involved in this
ministry are not licensed or trained as psychotherapists, me	ental health professionals or professional counselors.
All guidance, counsel and advice that I receive will be solely biblical standards as spelled out in the Holy Bible, the writt	• • •
I further understand and acknowledge that all ministry is u no guarantees are made, nor can be made, with regard to i	
I state that I have voluntarily sought this ministry for mysel Ministries International and all the servants working with C claims of actual or implied liability that may arise now or in	Compass Ministries International, from any and all
Signed:	_ Date:
CONTACT US: compassofgardner@gmail.com	

WEBSITE: www.compassofgardner.com