



LIABILITY RELEASE FORM

Date of Application		
I (print name)	c	do hereby release the
	alley Community Church and its vesulting from my voluntarily receiving	
	zo Ministry of Tees Valley Commu d or licensed professionals of cour	
service, I will allow my medical of	r taking medication, or operating udoctor, therapist, and counsellor eany prescribed course of medicat	etc. to confirm any results of
	arily sought assistance at my own y of the advice or help that I migh	n initiative and that I am under no t receive from the team members
I understand that these team me achieve more freedom in my	embers are, to the best of their aby life.	oility, doing what they can to help
	Community Church free from any result of assistance that I have re- nurch.	
Sozo leadership only. However, information to the relevant authorized the control of the control	no will see my information will be a , in certain circumstances they are prities if a person is at risk, or cert 2004 requires any confidential disc vices Department.	e legally bound to pass on tain criminal acts are disclosed.
I have read this disclaimer and respectively it as my free and volui	release of liability form and under ntary act.	stand and agree with it and have
	Signature	Date
01642 781919	Tees Valley Community Church, The Oakwood Centre,	admin@tvcchurch.org.uk www.tvcchurch.org.uk

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