

STATE OF NORTH CAROLINA

COUNTY OF RUTHERFORD

WAIVER & RELEASE

Waiver & Release agreement executed by \_\_\_\_\_, of

\_\_\_\_\_, City of \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_, as releasor, to The Word of Faith Fellowship, Inc., a non-profit religious organization, existing under the laws of the State of North Carolina, with its principal office on Old Flynn Road. in Spindale, North Carolina 28160, previously located on U.S. Highway 221, Rutherfordton, North Carolina, its directors, officers, agents, employees, and any other person connected therewith, particularly the pastor or pastors of The Word of Faith Fellowship, Inc.

Now, therefore, for and in consideration of the sum of One and No/100 Dollar (\$1.00), paid by the party of the first part to the party of the second part and by the party of the second part to the party of the first part, the receipt of which is hereby acknowledged, said parties agree as follows:

1. The Word of Faith Fellowship, Inc. is a legally existing organized church and is recognized as such by the State of North Carolina and the United States Government;
2. That The Word of Faith. Fellowship, Inc. is a charismatic Evangelical church which believes in the Holy Bible as the true and living Word of God; that it believes in speaking in tongues, casting out devils and divine healing, as taught by the Word of God and as part of its worship services. The Word of Faith Fellowship, Inc., its agents, employees, members and other participants taking part in the worship services at said church, do speak in tongues, do have deliverance, do have healing services, do have casting out devils services and in most of the usual and normal services as are carried on in charismatic evangelical churches;
- 3 That no guarantee or warranty of any kind is made to releasor or to any other party that demons or devils will be cast out; that their bodies will be healed; that their' souls will be saved or that their mental and/or emotional condition will be cured; that the parties of the second part do not hold out that they have any education nor practice whatsoever in psychiatry, psychology, mental counseling, marital counseling, nor are they experts in any field whatsoever that might have to do with the spirit or the physical thing of a person, except that which is taught in the Word of God; they make claim whatsoever, should a person receive healing, deliverance, spirit filling or any other condition that they will not digress from this condition and return to their old condition;

That all the healings, casting out of demons and deliverance are done through prayer and ministry of the Word of God.

I, \_\_\_\_\_ - , have requested that the parties of the second part, their directors, officers, agents, employees or any other person connected therewith work with me to the end that I may receive the blessing which God may have for me through prayer and ministry of the Word of God, be it through deliverance, healing, casting out demons or anything else which might happen to me during ministry at The Word of. Faith Fellowship, Inc. recently located at 511 Old Flynn Road, Spindale, North Carolina 28160.

I have been informed of all the above statements and have read them and understand each and every one of them. I hereby release the pastors and the persons connected with The Word of Faith Fellowship, Inc,

severally and individually, from any and all liability of any nature or kind, for whatever injury or harm or complication of any kind that may result whether directly or indirectly by reason of my subjecting myself to prayers and ministry during any services of the parties. of the second part.

I hereby waive any and all rights of action I may have or later acquire as a result of the condition as it exists at the date of this signing and may re occur hereafter

I also waive my right of any action for money damages resulting from so called spiritual, mental, financial, emotional, physical, social, or loss. suffered as a result of any ministry given me by any person associated directly or indirectly with The Word of Faith Fellowship, Inc., including ministry received by me from visitors.

I understand that in some spiritual atmospheres there may be some mind control involved,. however, after witnessing the ministry and atmosphere of The Word of Faith Fellowship, Inc., I believe that the pastors and other persons connected with The Word of Faith Fellowship, Inc. do not operate in mind control; they operate in the power and anointing of God.

I have discussed this document with the Reverend Sam G. Whaley, Jr. and/or Reverend Jane B. Whaley or an employee of The Word of Faith Fellowship, Inc., and they have explained to me, in detail, what is going to take place. I have been advised by the Reverends Whaley and/or other agents of The Word of Faith Fellowship, Inc. that it is my duty, if I do not understand this document, to take it to a lawyer of my choice, before executing this Agreement.

I fully understand this Agreement and what it means. This Agreement is made with. my full knowledge of its content and am fully aware of the danger that arises out of any mental or spiritual exorcism.

I, also, as legal guardian of the minor children listed below do waive any right or claim or lawsuit based on any principle of law pertaining to any ministry given to my children by the pastors or any other person connected with The Word of Faith Fellowship, Inc.

Name of Minor Child Birth date Name of Minor Child Birth date

The staff of The Word of Faith Fellowship, Inc. hereby agree to give their best effort to minister to \_\_\_\_\_ as consideration for this Agreement.

IN WITNESS WHEREOF, releasor executes this Agreement at Spindale, North Carolina on the \_\_\_\_\_ day of \_\_\_\_\_, 19

Sam G. Whaley, Pastor and President of the Board

Jane B. Whaley, Pastor

Signature

Name (Please Print)

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STATE OF NORTH CAROLINA

COUNTY OF RUTHERFORD

(SEAL)

I, \_\_\_\_\_ A Notary Public of said County and State, do hereby certify that personally appeared before me this day and acknowledged the execution of the foregoing agreement.

Witness my hand and notarial seal this day of \_\_\_\_\_ 19

(SEAL)

My commission expires

Notary Public

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