



PLEASE read, print this form, sign and witness, then scan and email it to ServantCARE at [beth.minikel@servantcare.com](mailto:beth.minikel@servantcare.com). If you send it to any other address on our site it won't get to the correct person, so please be conscious of correct address when sending. Thank you for your understanding!

In consideration of the hospitality and services received by the undersigned, and for other good and valuable consideration received, the undersigned hereby absolutely and unconditionally release(s) and forever discharge(s) ServantCARE, Inc., and their respective personal representatives, heirs, successors and assigns (collectively, the "discharged parties"), from any claim, demand, cause of action, liability, loss, cost or expense of whatever nature, arising out of or relating to the undersigned's use or occupancy of the facilities and lands owned or operated by any one or more of the discharged parties, or for personal ministry received.

The undersigned acknowledge that the use or occupancy of any such facility or land is solely at his, her or their own risk and the personal ministry was at their own request. The undersigned further acknowledge that the granting of this Release is a fundamental condition to his, her or their permission to use or occupy such facility and land or receive ministry at the The Dwelling Place.

The undersigned further acknowledges that they have read, understand, and agree to The Dwelling Place guidelines.

\_\_\_\_\_  
Date(s) of Occupancy

\_\_\_\_\_  
Location(s)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Witness (Printed)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date