

Volunteer Workers Release Form

I do hereby affirm that I serve the Kingdom of God as a volunteer facilitator, intercessor or in other capacities at the Sexual and Relational Healing Retreat (**WILT THOU BE MADE WHOLE** - _____), held November ____ to ____, 20__ at the _____, Illinois.

This event is hosted by **Labourers For Christ Ministries (LFCM)**.

I understand and agree that all rights to the materials used by me, both written and verbally presented, shall be released with complete ownership and control to LFCM. All materials that I use has been appropriately and legally obtained for use including, but not limited to copy write permission. Copy of any required written permission shall be submitted by me to LFCM prior to its use during the retreat. Such copy shall be held in the files of LFCM. LFCM has no liability for use of material inappropriately used or obtained as a result of my participation at the retreat. **PERSONAL USE OF ANY VIDEO AND/OR AUDIO RECORDING DEVISE IS STRICTLY PROHIBITED AT ANY/ALL TIME DURING THE RETREAT.** Use of such equipment will be grounds to retrieve the material and refuse permission to attend further sessions of the retreat.

The material I release to LFCM may be printed, videotapes and/or audio taped by LFCM or their agent with my full permission and cooperation.

I further grant permission for LFCM to edit, reproduce and distribute the material as deemed appropriate and necessary and with complete control of LFCM and their designated staff. As a volunteer I understand that no monetary exchange or agreement will be granted as a result of my participation and/or any use of the material used and absolve LFCM of any indemnity or liability.

Apostle Shawnette Houghton, D.P.Th
Labourers For Christ Ministries

Volunteer Signature

Date

Print Name

Address

City/State/Zip

Home Telephone Number

Cell Telephone Number

Email address

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I understand and agree that LFCM has my complete and exclusive permission to record all of the activities of the retreat. I do hereby release all rights to the written material, and any audio and videotape material obtained by LFCM or their designated agent during the retreat. **PERSONAL USE OF ANY VIDEO AND/OR AUDIO RECORDING DEVICE IS STRICTLY PROHIBITED AT ANY/ALL TIME DURING THE RETREAT.** Use of such equipment will be grounds to retrieve the material and refuse permission to attend further session of the retreat.

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Signature

Date

Print Name

Address

City/State/ Zip

Home Telephone Number

Cell Telephone Number

Email address