

**CHURCH OF SCIENTOLOGY
MISSION OF BELLEAIR
2907 WEST BAY DRIVE
BELLEAIR BLUFFS, FLORIDA 33770
727-501-9996**

**RELEASE AND WAIVER
CHURCH OF SCIENTOLOGY
MISSION OF BELLEAIR**

1) I, _____ having decided not to pursue the spiritual path offered by the Scientology Religion, have requested a refund of donations I made to the Church of Scientology, Mission of Belleair.

2. In exchange for and on receipt of this refund I, _____ release and waive all claims for damages, injuries or losses sustained of any kind or nature, whether known or unknown, which I may have from the beginning of time up to and including this day against the Church of Scientology Churches, Missions and affiliated organizations, associations and entities.

3. I understand that this release and waiver signifies settlement of disputed claims and does not constitute an admission by any of the released parties of any wrongdoing and that such released parties expressly deny the validity of such claims.

4. I acknowledge and affirm that I have carefully read this release and waiver and that I sign it of my own free will without any duress from the released parties or anyone else.

5. I acknowledge and affirm that I am not under the influence of any drug, narcotic, alcohol, or other mind-influencing substance, condition or ailment such that my ability to fully understand the meaning of this release and waiver and the significance thereof would be adversely affected.

6. In the event any provision hereof be unenforceable, such provision shall not affect the enforceability of any other provision hereof.

I declare under penalty of perjury under Florida law and, if different, under the law of the state and country in which I am located that the foregoing is true and correct.

Executed this _____ day of _____ (month & year) in
_____ (city), _____ (state or province),
_____ (country)

Name

Date: _____ **Witness** _____