

Church of Scientology Mission of Belleair

2907 West Bay Dr.
Belleair Bluffs, FL 33770
Tel (727) 501-9996 Fax (727) 501-1104

AFFIDAVIT AND RELEASE

I, _____ of _____
do hereby state:

1. In the past I have been under emotional stress which affected my general well being. During these time periods I contemplated destructive acts and have done destructive acts. I have been informed that these acts can be cause to disqualify me from services. However, as I wish to continue my affiliation with the Belleair Mission and receive Dianetic and Scientology counseling, I request consent from the Belleair Mission to do so under the following statements and understandings.
2. My commision of the above acts was in no way the responsibility of any church, organization, staff, or individuals affiliated with Dianetics and Scientology. I acknowledge and represent that I was and am fully responsible for my own conditions and actions, including any similar destructive acts that I have taken or may take in the future.
3. In exchange for valuable consideration, I agree to and do hereby release the Belleair Mission and all it's associates (collectively referred to as "Releases") from any liability, claim or cause of action, known or unknown, arising in any way whatsoever from my association to date or in the future with any of said "Releases."
4. I am not under the influence of any drug, narcotic, alcohol, or mind influencing substance, condition or ailment such that my ability to fully understand the meaning of this affidavit and release is adversely affected. I have freely chosen to enter into the above releases and walvers. I have read and fully understood the nature and context of this document, including the significance of waiving any actual or potential claim I may have, and sign it below voluntarily and without any threat or duress. In the event that any porlton of this Affidavit and Release is found to be legally unenforceable, this shall not affect the binding nature of the reminder of this Affidavit and Release which shall remain in full force and effect, nor shall it affect the truthfulness of the statements
5. I have made in this Affidavit and release. I declare under penalty or perjury under the laws of the State of Florida that the foregoing is true and correct.

Executed this _____ day of _____, at _____

(City and State where signed)

(Signature)

(Witness)