



## RASMUSSEN KINGDOM CONSULTING, LLC



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rasmussenministries.com

# CLIENT AGREEMENT & CONSENT FORM

PRAYER | ENCOURAGEMENT | CONSULTING | HOPE

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## 1. PRAYER & CONSULTING

I voluntarily request prayer, spiritual encouragement, and consulting from Rasmussen Kingdom Consulting, LLC.

I understand that these services are spiritual and supportive in nature and are not medical care, diagnosis, treatment, or a substitute for licensed medical care. I understand that I should continue to seek appropriate medical attention and follow the advice of my healthcare providers.

I understand that Rasmussen Kingdom Consulting, LLC makes no guarantee regarding healing, health, or any particular outcome.

## 2. CONTRIBUTION

### The First Consultation Is Complementary.

There is no set fee for the session. At the conclusion of the session, I agree to give a voluntary contribution in whatever amount I personally feel led to give. Any contribution I choose to make will be made immediately following the session.

## 3. TESTIMONY & MEDIA CONSENT

I voluntarily give Rasmussen Kingdom Consulting, LLC permission to share my testimony concerning my experience and breakthrough with prayer and consulting, including statements I provide regarding my health, circumstances, or experience. I understand that my testimony may be shared for ministry, educational, inspirational, or promotional purposes, including on website, social media, printed materials, videos, or other media.

### Please initial each permission you grant:

\_\_\_\_\_ **Testimony:** I give permission to share my testimony.

\_\_\_\_\_ **Name:** I give permission to use my first name with my testimony.

\_\_\_\_\_ **Photograph:** I give permission to use my photograph.

\_\_\_\_\_ **Video:** I give permission to use video of me.

\_\_\_\_\_ **Health/Healing Story:** I give permission to share information I voluntarily provide about my health or healing experience as part of my testimony.

I understand that I may decline any of the above permissions and may still receive prayer and consulting services.

## 4. CLIENT ACKNOWLEDGMENT

By signing below, I confirm that I have read and understand this Agreement, have had an opportunity to ask questions, and voluntarily consent to receive prayer and consulting services from Rasmussen Kingdom Consulting, LLC.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Rasmussen Kingdom Consulting, LLC Representative: \_\_\_\_\_

Date: \_\_\_\_\_