



Please read and print the form below and return to ServantCARE, P.O. Box 151, Vance, South Carolina 29163 after you have signed, dated and had witness sign and date. If you send it to any other address on our site it won't get to us and won't count so please be conscious of correct address when sending. Thank you for your understanding!

---

Dear ServantCARE,

I \_\_\_\_\_ have read, understand, and agree to the legal information and release from as well as all material pertaining to the ministry of ServantCARE's Regional 'CARE' locations.

I agree not to use the names and addresses where I stay or the ones of those of the ones who have provided ministry for me for building my own mailing list or support base.

I understand that only those who have been referred to ServantCARE may use these 'CARE' locations and I agree to not give the names, address, or phone number out to anyone.

Furthermore I agree not to contact them on my own. I understand they are part of the ministry team and will coordinate all future stays through the ServantCARE office.

I agree to contact ServantCARE immediately if there are any change in plans concerning a confirmed stay at a 'CARE' location.

I understand the funding for this ministry is a \$25 donation (in US funds) to ServantCARE for the application and the amount of the suggested donation varies with the location. ServantCARE is partially funded by the donations of those using the service and we are able to provide it and our other services because of the faithfulness of those using them.

---

Guest Name (Printed)

---

Guest Signature

---

Date

---

Witness Name (Printed)

---

Witness Signature

---

Date