

Disclaimer

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It is with a full understanding of the above statement that I hereby sign this disclaimer form and agree to the above.

Name (print full name):	Signature	Date	
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Witness (print full name):	Signature	Date	
Address		State	P/Code
Email	M	Ph	
Representing (Name of organization i	f applicable):		
Address of Organization:		State	P/Code

Please return the completed form to God's Dreaming, 15 Lorikeet Court, Boronia Vic 3155 or email digital copy to sondyward@godsdreaming.org