

One Day Detox Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Name _____ Home Phone (____) _____ Bus Phone (____) _____

Name _____ Home Phone (____) _____ Bus Phone (____) _____

Allergies _____

Current Medications _____

Other Medical Conditions _____

Physician _____ Home Phone (____) _____ Bus Phone (____) _____

THIS AGREEMENT FOR RELEASE OF LIABILITY MUST BE COMPLETED BEFORE PARTICIPANT CAN PURCHASE THE ONE DAY DETOX PROGRAM.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that participation in this detox program is voluntary. I understand that I am fully responsible for my health and if I have any questions, I am to consult a licensed physician. I have been given the telephone number for Dr. Joseph Heurta, ND and agree to consult with him any questions about the detox tea itself. Reactions from this detox may include, and are not limited to: bloating, gas, diarrhea, constipation, increased blood sugar levels, headache, nausea, muscle cramping and fatigue. I release Tom Lemire, Stacey Lemire and Healing Touch Therapies from any responsibility or liability for any reactions I may have.

Parent/Guardian Signature _____ Date _____

(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____

(Participant's Signature is required if participant is 18 years of age or older)