

# Rejuvenate!! Center Homeopathy Weight Management Program Waiver

I understand that with the Homeopathy Weight Management Program, there are no guarantees as to how much weight I may lose. I understand that weight loss results vary with each individual.

By incorporating three very important components - "**Mind, Body, and Spirit**" – I can provide you with the support you need to lose the weight in a healthy way using the following criteria:

1. Provide Treatment of the "Spiritual" Vital Force
2. Use Classical Hahnemannian Principles in Treatment
3. Use Diluted Homeopathic Medicines (potency 6X or greater) Prepared using HPUS Guideline

I understand that the Homeopathy Weight Management Program is designed for individuals who are in an acceptable physical condition that meets the Homeopathy Weight Management Program requirements. I verify that I am in acceptable physical and mental health. I understand that I will be working with Debra Manning RN, LAc with the Homeopathy Weight Management Program who is not a medical doctor and does not treat any medical condition(s).

I understand that though it is not likely, it is possible to experience minor side effects. I understand that should I experience any unusual, unexplainable or unexpected symptoms, I will discontinue the program immediately and contact Debra Manning RN LAc at Rejuvenate Center, LLC.

I understand that I will not be able to start the Homeopathy Weight Management Program until after I have completed an initial consultation which will take approximately 1 hour. I understand that I am responsible for any allergic reaction that may occur as a result of undisclosed allergies.

By my signature, I certify that I am at least 18 years of age, I acknowledge that I have read and understand the above, have not been coerced in any way, I was made no promises about weight loss amounts, and do state that I want to participate in the Homeopathy Weight Management Program with Debra Manning RN, LAc and Rejuvenate Center LLC with this understanding.

I agree to these terms and conditions:

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

Signature: \_\_\_\_\_