

Form Instructions

Living Healthy Jumpstart: Waiver and Release Form

Thank you for taking the time to fill out our form. Please carefully review the following instructions before proceeding:

1. Print the form.
2. Read the entire form before completing.
3. Print name.
4. Sign.
5. Date.
6. Bring completed form to your first Living Healthy Jumpstart session.
7. If you have not registered, please visit the website to reserve your space.

Thank you for completing this form and joining the Living Healthy Jumpstart program!

Living Healthy Jumpstart: Waiver and Release Form

I, (please print) [_____],
hereby acknowledge that I have voluntarily chosen to participate in the 'Living
Healthy Jumpstart' program at Open Channels Wellness Studios. I understand that
this program involves dietary improvements and inflammation reduction through
the use of Arbonne products and educational materials.

I certify that I am physically healthy and able to participate in this program. I
understand that while this program promotes holistic wellness, not every aspect
may be suitable for everyone's dietary needs. I acknowledge that it is my
responsibility to consult with a healthcare provider before starting any new dietary
or wellness program.

I understand that Open Channels Wellness Studios and its affiliates are not liable
for any health concerns or conditions that may arise during or after my participation
in this program. I hereby release, waive, and discharge Open Channels Wellness
Studios, its owners, employees, and affiliates from any and all liability, claims,
demands, actions, and causes of action whatsoever arising out of or related to any
loss, damage, or injury, including death, that may be sustained by me while
participating in the program.

I have read this waiver and release form, and I fully understand its contents. I
voluntarily agree to its terms and sign it of my own free will.

Participant's Signature: _____

Date: _____