

Rejuvenate!! Center

Homeopathy HCG Weight Loss

Program Waiver

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

I understand that the Homeopathy HCG Weight Loss Program is designed for individuals who are in an acceptable physical condition that meets the Homeopathy HCG Weight Loss 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 HCG Weight Loss 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 HCG Weight Loss 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 HCG Weight Loss Program with Debra Manning RN, LAc and Rejuvenate Center LLC with this understanding.

I agree to these terms and conditions:

Printed Name: _____ Date: _____

Signature: _____