

# HEALTHQUARTERS MINISTRIES, INC

## Lodge Program Participant Acknowledgment

As an applicant to the Health*Quarters* Lodge Program, I acknowledge and agree to the following:

That the Health*Quarters* suggested nutritional program and any supplemental materials such as vitamins, minerals, and herbs are not for the “diagnosis”, treatment, cure, alleviation, prevention, or care of any “disease” of any kind, in any way. I agree that I am totally responsible for obtaining qualified medical assistance for any such services, or for the care of any “disease” or “pathological” condition. Nevertheless I reserve the right to use the knowledge I gain from the Health*Quarters* program in any manner I may choose in the care of my own body.

That Health*Quarters* is an educational ministry that teaches a nutritional approach to health. Being of sound mind, I have chosen this educational program of my own free will, as an alternative way to build my health. I will not hold Health*Quarters* responsible or liable in any way or for any results pertaining to or not pertaining to these choices.

That the Health*Quarters* program is limited to education in matters pertaining to the improvement of the overall health and physical fitness, for maintenance of the best possible state of physical, mental, and emotional health. Participation in any procedures including fasting, cleansing, diet change and exercise are of my own choice. Such procedures are not for the diagnosis or treatment of any health condition or disease.

That I am entitled to receive information from Health*Quarters* about any method of therapy to be used, fees to be charged, and the approximate length of therapy. I am also aware that any and all therapy I receive, as a guest of Health*Quarters* Lodge, will be performed by licensed professionals, and will be included in lodge fees.

That I am free to obtain additional information, pertaining to my health and well being, from any source I choose and at my own expense.

That all information I provide to Health*Quarters* Lodge will be confidential and used only by the staff and professionals working with Health*Quarters*. Release of this information to any other source will be only with my written consent.

That I have read and fully understand the above information and I choose to participate in the Health*Quarters* Lodge cleansing and nutritional program

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_