



401 Headquarters Dr. #101  
Millersville MD 21108  
410-729-4321

## Guest Application

I, \_\_\_\_\_, hereby apply to become a Guest of this private membership education and information sharing organization for the purpose of learning more about how I can make informed decisions and take control of my own health, life, nutrition, therapies and wellness.

1. I understand the Association is a private education organization formed under the Bill of Rights Amendments to the U.S. Constitution and Section Two of the 1982 Canadian Charter of Rights and Freedoms to grant Members of this Association all the rights and protections set forth therein. I also understand that as a guest of the association I am governed by state law and do not have these same rights.

2. I understand the rights and protections guaranteed by these documents include the right to the freedom of choice, speech, peaceful assembly, confidentiality and self-determination.

3. I take full responsibility for my own decisions regarding my own health, nutrition and wellness issues, and those of my family, dependents and pets. I take full responsibility to treat, cure and attempt to cure my own medical, psychological, physical, emotional and mental concerns, conditions, diseases, disorders, symptoms and trauma, and those of my family, dependents and pets, or to seek properly licensed professionals to counsel, treat, prescribe and attempt to cure me, my family and my dependents. If I do not know any such professionals, I will ask for a referral.

4. I understand I am responsible for the results my decisions have on me, my family, dependents and pets; and I hold this Association and members of this Association harmless for any and all harm I may cause myself or others based on my decisions. I also understand all members of this association take full responsibility for any harm that may be caused to them, their family and their dependents as a result of their own decisions.

5. I give my Informed Consent to receive coaching and education services offered in response to my questions and requests for more information about any concerns I may have regarding my health, nutrition, quality of life, therapies and wellness.

6. I declare that I have read and understand this application and that I am qualified to make this decision to confidentially explore the services of this Association for myself, my family, dependents and pets.

7. I understand that everything I read or hear about this Association, communicate or discuss with a member of this Association or sign is strictly confidential.

I confidently apply to be a guest of this Association so I may competently decide to join or not. Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Guest's Printed Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Best E-mail Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business or Cell Phone: \_\_\_\_\_