

Synergic Healthstyles Inc.

Application/Waiver

I _____ hereby apply to be accepted as a student of "Naturopathic Sciences" at Synergic Healthstyles Inc. As a student at Synergic Healthstyles Inc I understand that I will be offered instruction in Naturopathic Sciences and how to apply these natural biblical applications to healthy living. I understand that all staff and personnel of Synergic Healthstyles Inc. including but not limited to Gregory S. Saunders and Shaun Saunders are teachers and fellow students of health and the pursuit of happiness. I understand that the aforementioned individuals are not allopathic physicians, commonly referred to as medical doctors or MD's. Any and all recommendations, relative to employing the use of meals, menus, herbs, nutritional supplements, liquids, solids, gases, and any and all other modalities that I may come to know of as a result of my association with Synergic Healthstyles Inc. are understood by me to be for the purpose of building and re-building the temple of God (which I understand is my body) and as part of my personal learning experience. I accept the fact and agree that the learning process I am hereby applying to be accepted into is not equivalent to diagnosing, prognosticating or prescribing of treatment for any disease or health condition. Initials: _____

I hereby express my desire to freely volunteer to participate in any and all tests that may be available to me as a student at Synergic Healthstyles Inc. I acknowledge that the methods of testing employed by Synergic Healthstyles Inc. are not medical in nature and that I do not desire to use them in any way to treat or diagnose any disease. I hereby acknowledge that Synergic Healthstyles Inc. as a philosophy, belief, and fundamental policy, has made it clear to me that if I currently have, or in the future should develop any condition or disease, that I should seek the counsel and advise of competent qualified individuals which may include allopathic doctors, surgeons and other members of medical disciplines, who are experts in diagnosing and prescribing medical outcomes. Synergic Healthstyles Inc. has made it clear to me that it is not their intention at any time to encourage me or any other person to discontinue the use of any medication I may currently be using, nor will I ever be instructed or encouraged to disregard the advice of other medical authorities including allopathic medical doctors. Initials: _____

I hereby declare that with this application I am freely and knowingly expressing my sincere desire to be fully responsible for my own health and physical well-being. I declare that I am a person who seeks to study and understand life in general more fully so that I may make the best decisions for my health and future. I also understand that Synergic Healthstyles Inc. at no time offers guarantees of any health or wellbeing outcomes as a result of my instruction or testing at Synergic Healthstyles Inc. While many believe that by learning naturopathic lifestyles and applying concepts of biblical principles can result in greater and more consistent positive changes towards better health and feelings of well being, there is no guarantee that any results will occur. Initials: _____

Pursuant to the decisions that I in the future may make as a result of learning acquired as a result of my association with Synergic Healthstyles Inc. and my involvement as a student; I agree to indemnify, protect, save and hold harmless Synergic Healthstyles Inc. from any and all liability pursuant to any and all outcomes that may arise either to myself or to any minor and/or incompetent for who I am legally claiming responsibility and hereby charge my heirs to honor this agreement. I further acknowledge and hereby agree to take full and complete responsibility for all my actions when applying anything that I may come to learn, know, or assume to understand as a result of my association with anyone whom I come in contact with in or around all my activities and involvement with Synergic Healthstyles Inc. or on the grounds of 2995 Bent Oak Hwy. Adrian Michigan. Initials: _____

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I _____ declare that I do not now, nor have I ever, participated in any investigative way, in conjunction with or in co-operation with, any city, county, state or federal government agency or any other human entities; for any purposes of entrapment or investigative purposes directed at or involving any individuals, persons, or entities who are involved with health or medical matters. Initials: _____

I hereby solicit the services of Synergic Healthstyles Inc. in good faith, exercising all my rights guaranteed by the Constitution of the United States of America. I declare that I am exercising my own free will and following the dictates of my own conscience to make contracts. By the same token, I acknowledge that I am not obligated to continue utilizing the services of Synergic Healthstyles Inc. and may discontinue my status as a student at any time. I further understand that Synergic Healthstyles Inc. may also, for any reason, at any time refuse to teach, or further associate with me as a student. Initials: _____

I hereby agree that I will be financially responsible for the teaching, testing, consultation, and participation in all modalities that I participate in or that I otherwise receive at Synergic Healthstyles Inc. I agree that I will give a minimum of 24 hours' notice before the cancellation of any class, or private consultations. I will be financially responsible for missed appointments (otherwise known as "no shows"). Initials: _____

I have read and fully understand the above information. All questions that may have arisen as a result of reading this document have been answered to my satisfaction. Furthermore, for the purpose of advancing the field of Naturopathy, I consent to the discreet use of the results of my personal involvement with Synergic Healthstyles Inc., including tests, surveys, questionnaires, and other studies to be used for further research. I am willing to declare and repeat under oath all of the above statements on request. Initials: _____

Print full name _____

Signature _____

Student 18 yrs. and older or parent/Guardian of minor

Address _____ Home Phone _____

_____ Cell Phone _____

Date of Birth ____/____/____ Email _____

Sex M/F _____ History of Seizures: YES/NO _____ Have a Heart Pace Maker: YES/NO _____

Who can we contact in case of emergency? _____

Phone _____