

SERVING THOSE WHO SERVE INC.

Registration Form *(please print)*

Name

Address

street

city

State

Zip

Phones

1st

2nd

Email

1st

2nd

GZ association (volunteer/organization)

I, the undersigned, understand that the herbal supplements that I am receiving through SERVING THOSE WHO SERVE Inc., are a natural food supplement and not a medication. I agree to take the herbal supplements of my own free will, according to the written instructions provided, and without any obligation to SERVING THOSE WHO SERVE Inc. or anyone associated with the organization. I acknowledge that the healing process using Ayurvedic herbs can be a slow process with some detoxification symptoms. I therefore acknowledge that STWS, its members, officers or volunteers are not responsible for these symptoms. I also acknowledge that ultimately, my healing and the decisions toward that end are my responsibility and that of my chosen health professionals, and that SERVING THOSE WHO SERVE Inc., its officers, associates or volunteers, are not in any way responsible for the condition of my health. I also agree not to use these products for resale.

NOTE:

You can print this pdf and fill out by hand or use the fill-in-the-blank feature on your computer. Acrobat Reader version 3.0 or later is required.

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- Open PDF form in Acrobat Reader.
- Once the form is open, click or tab to desired field and a blinking cursor appears.
- After all the fields have been completed, the user can print out the page. NOTE: If the cursor is blinking in a field, the information in that field will not be printed. Hit "Return" or "Enter" and the information will be captured for all fields.