Fountain of Life Healing School (FOLHS) Client Release Form

(Please fill out this release form in its entirety, sign, and return to Donna Crow, 2848 Greentree Way, Eugene, OR, 97405 USA. A completed release form with your signature and date is required for any/all participants/clients/students of Fountain of Life Healing School. If you prefer, you can print this out, fill it out, sign it, scan it and email it back to us at: donna@donnacrow.com)

By signing this Release Form you are declaring: You understand that neither Donna Crow, nor Katherine Register, nor any of the volunteers/employees at Fountain of Life Healing School are medical doctors. You understand that they do not practice medicine; do not medically diagnose illness; and do not prescribe medications. You knowingly take responsibility for your own health choices and the results of those choices, either positive or negative. You agree to indemnify, defend, and hold harmless Donna Crow and/or Katherine Register, Fountain of Life Healing School, its officers, directors, volunteers, employees, heirs, agents, suppliers, and affiliates from and against any claims, actions, or demands, liabilities, and settlements, including but not limited to, reasonable legal and accounting fees resulting from, or alleged to result from, your violation of this Release Form or any activity related to your participation with Fountain of Life Healing School (including negligent conduct by third parties' with whom you may share information gained through FOLHS). You do not hold FOLHS, Donna Crow or Katherine Register legally or financially responsible for any results (either perceived or actual), that come as a result of any information from, or conversation with, any of the above, and you agree to perpetually refrain from initiating, or participating in, any form of harassment of said parties.

Name_____Date_____

Home phone_____Cell_____Work_____

Address_____

City_____State_____Zip_____

E-mail address_____

Occupation_____

Referred by_____

☼ ***I_____ on this ___day of_____(20___) by setting my hand to this document hereby affirm, with complete understanding, that I am in agreement with the Release Form as stated above, and that I am legally and financially responsible for my own health choices and results.***

_____

Signature