

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY
Between Arogya Ayurvedic Health / Durgadas (Rodney Lingham)
and Member / Client.

I _____ residing at _____
understand that any Ayurvedic treatments or therapies I receive from Arogya Ayurvedic Health Ltd, its Director (Rodney Lingham) or other staff is designed to be an ancillary health aid and is not suitable for primary medical treatment and in no way is a replacement for Licensed Medical Therapies or Treatment.

I understand that Arogya Ayurvedic Health Ltd provides Traditional Ayurvedic Therapies and does not seek to represent or replace modern Licensed Health care Professionals and therapies.

I understand that these services through Yoga, Ayurveda, Jyotisha (Vedic Astrology) are NOT a substitute for medical care and I will consult my doctor / health care professional if I am uncertain or conflicted about any of the services or medicines I receive here, and I will not hold my treatment here as a definite cure for any related illnesses discussed, but for lifestyle purposes alone. I understand that some Ayurvedic medicines contain heavy metals and I will consult my licensed health care professional / doctor relative to any queries I have regarding these or other Ayurvedic recommendations and agree to be solely responsible for any effects this may cause and agree that Arogya Ayurvedic Health or any staff or directors will not be liable for any personal claim, demand, cause of action of any kind whatsoever on account of personal injury side-effects, death or other circumstances. substitute for medical care and I will consult my doctor / health care professional if I am uncertain or conflicted about any of the services or medicines I receive here now or in the future, and I will not hold my treatment here as a definite cure for any related illnesses discussed, but for educational purposes alone.

Ayurvedic Practitioners and Therapists do not diagnose or treat any illness or disease, nor do they prescribe medical treatments and I consent to the fact that all treatments, therapies, herbal remedies, Ayurvedic formulas (both modern patent and classical, including those containing heavy metals) are no substitute for such. If in doubt about any medications, side-effects dietary, lifestyle regimes or therapies, I shall contact my Licensed Health Care Professional / General Practitioner or will seek immediate emergency care should such an occasion arise.

During therapies, I shall let my therapist know if there are any discomforts caused during the therapy.

By signing this document, I acknowledge that I fully understand, have been informed and accept complete and total responsibility for my health and any injury or mishap that may affect my wellbeing or health in any way during any treatments.

I will hold harmless of any responsibility or liability, claim, injury, damage, death or loss on behalf of Arogya Ayurvedic Health Ltd, its director, staff members or any professional representing involved

with any therapy, treatment, herbal formulas and recommendations either now or in the future.

I understand there can be some side-effects of Ayurvedic medications and treatments and agree to hold Arogya Ayurvedic Health Ltd, its Director and any person representing the aforementioned company harmless for any such affects or medical conditions that affect my health in any manner and shall consult my primal Licensed Health Care Professional / General Practitioner if in doubt about any of these therapies.

I understand that I am here for educational purposes only. I acknowledge that Arogya Ayurvedic Health /Durgadas (Rodney Lingham) has not and will not render any medical services including medical diagnosis of Member's physical condition or medical prescription.

I specifically agree that Arogya Ayurvedic Health or Durgadas (Rodney Lingham), shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of, personal injury, death, property damage or loss of any kind resulting from or related to Member's use of information presented in these consultations and buyer agrees to hold Arogya Ayurvedic Health / Durgadas (Rodney Lingham) harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I understand that I proceed with such therapies at my own risk and taking full responsibility for all outcomes.

GENERAL TERMS AND CONDITIONS:

1. I understand that the Consultation price stated does not include any supplementary therapies , Panchakarma therapies nor herbs that I may require and that these are at additional costs to the Consultation prices noted.

2. I shall not distribute, sell or publicly share any written materials given by Arogya Ayurvedic Health Ltd, it's Director or any of its company representatives. I understand that this is Copyrighted material and can be held liable for its misuse. Any notes taken during the consultation must be used for you personally and not distributed or copied for any other purposes.

CONSULTATION TYPE: (please circle): Ayurvedic | Ayurvedic Astrology | Yoga |

DATE

SIGNATURE OF PARTICIPANT

If participant is under 18:

I, _____ **AS LEGAL GUARDIAN OF CONSENT TO THE ABOVE TERMS AND CONDITIONS.**

DATE

SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

Arogya Ayurvedic Health Ltd
Client Intake Form

Date of Consultation (DD/MM/YY):

Full Name: (First, Middle and Surname)

D.O.B (Date of Birth DD/MM/YY):

State and Country of Birth:

Profession:

Address:

Street and Number (or P.O. Box):

Suburb:

Country:

Phone Number:(Res)

Email Address:

City:

Postcode / Zip:

(Cell)

Website:

Referred by (if applicable):

Genetic Conditions (if known):

Father:

Paternal Grandfather:

Mother:

Maternal Grandfather:

GP (Physician):

Is this your first Ayurvedic Consultation? Y / N.

Practice Yoga? If so, please circle and / or list styles that are appropriate:

Jnana Bhakti Hatha Karma Kundalini Nada Vedic Sakta Advaita Iyengar Sivananda Satyananda
Mysore Vikram Other (please list) _____

List any medications (or herbs) you are currently taking:

List any disorders you currently have or have had in the past:

OFFICE USE ONLY. DO NOT FILL THIS SECTION.

Trayodashi Deha:

Vikar:

Mans:

Buddhi:

Nadibala:

Jihva:

Agni:

PV + -	SP + -	TK + -
UV + -	AP + -	BK + -
VV + -	RP + -	AK + -
SV + -	PP + -	KK + -
AP + -	BP + -	SK + -