



REQUEST TO PARTICIPATE

I _____ PARTICIPANT PRINT NAME HERE do hereby ask for and do request that “**Genesis Health Revolution**” shares lifestyle health educational information with me at this event.

I realize that all of the information that will be shared with me by Fred and Julie Douville from the the ministry “**Genesis Health Revaluation**” both in person as well as information contained on their website is for educational purposes and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

If you are on medication and are changing to a whole-food, plant-based diet, changes to your medications may be needed, and you should discuss with your healthcare provider the changes that you are making in your diet and how these changes may require an adjustment in medication dosage. It is important that you work with your doctor to monitor your condition and medication dosage during your change of dietary practices.

PARTICIPANT SIGN NAME HERE

FACILITATOR PRINTED NAME ANDSIGN NAME HERE

PROGRAM DATE HERE
