



EDUCATIONAL CONSULTATION AGREEMENT

& RELEASE OF ALL CLAIMS

****Please read carefully****

I understand that Ronly Blau and Meadow Heart Ayurveda (M.H.A.) are not licensed in the United States to diagnose or treat medical conditions. I have been advised and agree that if I believe that I may suffer from a serious medical condition, I will consult a medical doctor immediately. Furthermore, understanding of the body constitution and its current state and the balancing of vital energy will not reveal the existence of a medical condition. I certify that I am not seeing Ronly Blau for treatment of any physical infirmity or chronic ailment or injury. Further, I am aware that I am responsible for my own healing, health & well-being.

In consideration of my educational consultation with Ronly Blau/M.H.A., I agree that I (or my heirs, guardian, legal representative and assigns) hereby waive, release, forever discharge, indemnify and hold harmless Ronly Blau/M.H.A. from any and all claims, causes of action, lawsuits, costs, expenses, or liability of any kind or nature for injury or damage resulting from negligence or other acts, arising from or relating to my education or participation in consultation with Ronly Blau/M.H.A. whether such claims are known or unknown, suspected or unsuspected. If I am the parent of a minor for whom I am asking Ronly Blau to have a consultation, I agree to indemnify and hold harmless Ronly Blau/M.H.A. from any and all such claims or actions made or brought on behalf of my child in connection with Ronly Blau's consultations.

Also, please note PRAHM is a separate entity from MHA/Ronly Blau and is not liable for any claims or lawsuits.

I further acknowledge that I have been advised of my right to be represented in the negotiations or in preparation of this agreement by independent counsel of my choice.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF ALL CLAIMS AND LIABILITY AND A CONTRACT BETWEEN **Ronly Blau** AND MYSELF AND SIGN IT KNOWINGLY OF MY OWN FREE WILL.

signature _____ date _____
print name _____ birthdate _____