The Feel Better Natural Therapies

FREE OFFER FOR A SUPPLENT OR HERBAL SUPPORT TO IMPROVE MY VITALITY

REGISTRATION FORM

Name:

Address:

Email:

Phone Number:

Skype:

PLEASE ANSWER YES OR NO:

Are you currently taking any supplements or medications?

 If so, Please List:

Do you have any know allergies?

 If so, Please List:

Do you suffer from mental illness?

Have you had suicidal thoughts in the last 28 days?

Have you taken anti-depressants in the last 90 days?

PLEASE AGREE TO AND SIGN BELOW IN REGARDS TO THIS FREE OFFER:

I take full responsibility for myself and my reactions in regards to taking any herb or nutrition that Jane McGarvey has recommended for me. I understand that this recommendation does not replace the need for a thorough consultation with Jane as a Kinesiologist. I agree that any recommendation does not replace any current professional therapy. I agree that the recommended supplement or herb is not a cure for any condition. I will seek a medical clearance from my doctor before taking any supplement or herb. This offer is purely promotional.

I AGREE TO THE ABOVE STATEMENT:

SIGNED:

DATE: