



## GENESIS HEALING CENTER

### CHECK IN FORM

<http://www.GenesisHealingCenter.com>

Phone: (615) 410-7728

_____		_____		_____		
FIRST NAME	LAST NAME			MI		
_____		_____		_____		
ADDRESS	CITY	STATE	ZIP CODE			
(____)	_____		_____		_____	
PHONE	SSN#	BIRTH DATE	EMAIL			

**Welcome to the Genesis Healing Center (GHC), a non-denominational ministry.** You are about to embark on a path towards healing through participation of your mind, body and spirit. We emphasize physical cleansing, mental detoxification and spiritual renewal. Adhering to the principles, practices and dietary guidelines of the holistic program we offer, guest can receive the greatest opportunity for physical, mental, emotional and spiritual healing.

**Please read the following important information carefully:** Due to the nature of a holistic program, we offer **NO REFUNDS** to any guests who choose to leave early once the program has begun.

You should be aware that GHC is not a medical facility. We have no medical claims and do not offer medical advice. Each guest in the program is required to be responsible for his or her own medical needs. It is important that you know the following. During the physical cleansing process, guests may experience various side effects which could include but not the limited following: *fatigue, nausea, dizziness, constipation, mild headaches*, etc which will subside once detoxification has completed.

I acknowledge and am aware of the full list of potential cleansing reactions related to participation in the holistic healing program during check in at GHC.

**Initials** \_\_\_\_\_, by signing below, I acknowledge that I have voluntarily applied to participate in the lifestyle change program provided at GHC.

I am voluntarily participating in the Genesis Healing Center (GHC) holistic/lifestyle change program. I agree to accept any and all risk of injury, death, property loss or damage that may result, \_\_\_\_\_ **Initials.**

As consideration for being permitted by GHC to participate in its programs and use its facilities, I hereby agree that I, my assignees, heirs, distributes, guardians and legal representatives will not make claim against, sue or attach the property of GHC or any of its affiliated organizations as a result of my participation in GHC holistic/lifestyle change program(s). I hereby release GHC and any of its affiliated organizations from all actions, claims and demands that I, assignees, heirs, distributes, guardians and or legal representatives now may hereafter have for injury, death or damage resulting from my participation in GHC holistic/lifestyle change program(s).

I HAVE READ CAREFULLY THE ENTIRE AGREEMENT BETWEEN GENESIS HEALING CENTER (GHC) AND MYSELF AND I FULLY UNDERSTAND AND AGREE TO ALL TERMS SET FORTH THERIN. I AM AWARE THAT THIS AGREEMENT REPRESENTS A FULL RELEASE OF LIABILITY AND IS A LEGGALY BINDING CONTRACT BETWEEN MYSELF AND GHC AND ITS AFFILIATED ORGANIZATIONS AND FURTHERMORE, I SIGN THIS AGREEMENT BEING SOUND MIND AND OF MY OWN FREE WILL.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

In case of an emergency, please notify:

\_\_\_\_\_  
Name Relationship (\_\_\_\_) Phones

Brenda Lee  
Genesis Healing Center  
6020 Lofton rd.  
Lascassas, Tn. 37085  
615-420-7728

Please list all medications: \_\_\_\_\_

Please describe any health concerns: \_\_\_\_\_

Please list your goals while staying at GHC: \_\_\_\_\_

Payment options: Cash, check, Credit card: \_\_\_\_\_