

Wright Touch Natural Health

Rebekah F. Wright, L.M.T.

Welcome to Wright Touch Natural Health. Our goal is to create a sanctuary for you where you can feel completely nurtured and in total communion with your innermost self, so you can have an exhilarating body to live in that is vibrant and full of joy.

Name _____ Phone(s) _____

Street _____ City _____ Zip _____

Occupation _____ Birth Year _____ e-mail _____

Would you like information and special offers? (circle one) Yes, e-mail Yes, mail No

How did you hear about us? _____

What benefits are you hoping to achieve? _____

<i>Please circle answers:</i>			<i>Please describe</i>
Epilepsy	No	Yes	
Blood Pressure	No	High Low	
Heart Disease	No	Yes	
Diabetes	No	Yes	
Cancer	No	Yes	
Liver Disease	No	Yes	
Pregnant	No	Yes	
Surgery	No	Yes	
Injuries	No	Yes	

In consideration of the products provided and/or the services received, the undersigned hereby releases and discharges Wright Touch Natural Health and Rebekah F. Wright of and from all manners of actions, causes of actions, claims or demands, which the undersigned ever had, now has, or can, shall or may hereafter have for damages or injury to person or property while participating in, during preparation for and in connection with, or arising out of, or in any way related to the services performed on or the products provided to the undersigned by Wright Touch Natural Health and/or Rebekah F. Wright.

Signature _____ Date _____