



CHRYSTAL PINGLETON MH, NHC, AHG
AGAPE APOTHECARY LLC
14800 SE 143RD
NEWALLA, OK 74857

Waiver of Liability

This agreement releases, Agape Apothecary LLC and Chrystal Pingleton from all liability relating to injuries that may occur if I choose to request herbal tinctures, teas, glycerites, loose herbs, herbal capsules or any herbal remedy not specifically mentioned and prepared by the above. By signing this agreement, I agree to hold the above aforementioned entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I, _____, acknowledge the risks involved by taking a hand crafted herbal that is considered by the rules of the FDA as a dietary supplement and not proven by lab testing or made in specific facilities approved by the FDA or state agencies. These risks include but are not limited to minor irritation, allergic reactions, diarrhea, nausea, headache etc.. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. I understand that I will be verbally educated on the process of sourcing the items to make the products, as well as on how to create the finished product. I understand that I can request the individual items from Agape Apothecary LLC and Chrystal Pingleton as separate pieces to take home and create the products myself, but upon my education I have the right to also request Chrystal Pingleton to make the remedies in her workshop for me and waive any liabilities for her or Agape Apothecary LLC.

Upon the request of having the products made in the workshop, I will have any of my concerns answered verbally as well as in writing at my request and I will be given in detail the process and procedures that will take place, both verbally as well as visually and hands on. I will have disclosed all allergies or anything that could possibly cause any issues with any of the items I am requesting. I also agree to report back with any possible reactions to my usage of any product whether it is a positive or negative reaction so I can be further educated on the properties in the products.

Again, I realize that this is for educational purposes only and that it has not been evaluated by the FDA. I understand my rights and the suggestion to always consult my personal physician before participating or changing anything for my health. I understand that Chrystal Pingleton is an Herbalist and Natural Health Consultant, which is not a medical professional and her training is not from a nationally accredited degree program as set forth by federal guidelines but does have certificates of learning and is not making any claims for treatment, cure or prevention of any disease and that any herbal remedy is not for treatment, cure or prevention of any disease. Agape Apothecary LLC and Chrystal Pingleton have been clear and concise in explaining my rights, their purpose and goals, and in asking me to pursue consultations with my physician.

By signing below I forfeit all right to bring a suit against Agape Apothecary LLC, or Chrystal Pingleton for any reason. In return, I will receive education on the process of making varying herbal remedies as well as the right to request the items to make the remedies at home or the right to request Chrystal Pingleton make them for me in her workshop without holding her or the business liable. I will also make every effort to obey safety precautions as explained to me verbally (and in writing if I should so request). I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms. I am 18 years of age or older and am responsible for my own decisions.

(Participant Signature)

Date