



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 during an oils spa. 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 also acknowledge the risks involved in applying essential oils, carrier oils, herbs, light massage and adjustment. These include but are not limited to minor irritation, soreness, emotional release 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 we will be verbally discussing any of my concerns and I will be given in detail the process and procedures that will take place and that I will disclose all allergies or anything that could possibly cause any issues with this oils spa.

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.

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 an Oils Spa. 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 also 18 years of age or older and am responsible for my own decisions.

(Participant Signature)

Date