

AGREEMENT

This AGREEMENT is between Patrick Hamouy trading as "Alternative Therapies" hereinafter referred to as "the Company" of the one part and

_____ of
of the other part (hereinafter referred to as "the Participant")

This Agreement WITNESSES that in consideration of the Company agreeing to arrange the Participant's trip to the Philippines to receive, if the Participant so desires and requests, "Psychic Surgery" from the Psychic Surgeon and optionally to study, the Participant hereby AGREES and ACKNOWLEDGES as follows:-

1. THAT the Company is only responsible for organising the trip and scheduling events and that the Participant himself or herself will take full responsibility for receiving any treatment from the Psychic Surgeon or his assistants. No payment or fee is to be made or incurred by the Company with regard to the introduction of the Participant to the Psychic Surgeon albeit the Participant may be invited to make a payment direct to the Psychic Surgeon
2. THAT the Participant is solely responsible for arranging all insurance cover necessary or appropriate as to his/her trip to the Philippines including travel, stay and visitation to the Psychic Surgeon which insurance should include (but such list is not exhaustive) cover for accidents, trip cancellation, loss suffered, medical cover, transportation back to his/her country in the event of an accident, ill health, or death. ***The Participant warrants to the Company that he/she has or will in fact take out all such insurance cover prior to departure in an amount and on terms completely satisfactory to the Participant and that all pre-existing medical conditions of the Participant have been disclosed to the insurer.***
3. THAT any "Psychic Surgery" that is undertaken by the Participant is at the Participant's own risk and that the Participant accepts that he/she is solely responsible for all and any problems that may occur as a result of any treatment received.
4. THAT although some individuals who have previously received treatment from the Psychic Surgeon have benefited from favourable results, the Company gives no assurance or guarantee that the Psychic Surgeon will be in a position to assist the Participant with any specific health problems
5. THAT if the chosen Psychic Surgeon for a trip is for any reason unavailable, a different Psychic Surgeon (if any available) will be chosen by the Company to replace him/her. If no surgeon is available, the participant will be entitled to a maximum reimbursement of 20% of fees paid to the Company.
6. THAT the Company or its representatives have strongly recommended to the Participant prior to entry into this Agreement that the Participant should seek and obtain medical advice and instruction as to the effect of the Participant's travelling to the Philippines and any possible treatment by the Psychic Surgeon or his assistants. The Participant agrees that by signing this Agreement the Participant accepts full responsibility for:-
 - A. the effect of his/her travelling to the Philippines and any treatment that he/she may request the Psychic Surgeon as a result of this trip, and
 - B. the effect of the trip and of the treatment on any medical treatment/recommendation of the Participant's own family doctor or other medical advisors.

Signed _____ Dated _____
(If the Participant is under 18 years of age this form must be signed by a Parent or Legal Guardian)

In the presence of (Name):..... Signed:

Occupation..... Address.....
.....

Departure date for the trip: _____

Strictly no refund will be given on any payment made towards a trip