



12-DAY PANCHAKARMA CONTRACT

Name: _____
Address: _____ City/State/Zip: _____
Phone: _____ PK Dates: _____
Cell Phone: _____ E-mail: _____

(Current cell phone number and email address are required to send your program schedule, and if we need to contact you in case of an emergency.)

I understand and agree that:

- 1. The fee for my Panchakarma program is \$4,320 for 12 days of treatment.
2. Said fee includes preliminary consultation/instructions, main Panchakarma therapies, oils and food during the program.
3. Dates scheduled for my program cannot be fully reserved and guaranteed until I give a \$1,100 non-refundable deposit.
4. Once my Panchakarma is scheduled, I may request to change my chosen dates only ONCE without losing my deposit, provided that I do so at least 6 weeks before my scheduled dates.
5. My remaining balance of \$3,220 is due on the first day of therapies.
6. If I am staying at Blue Lotus Ayurveda, payment for lodging must be reserved and prepaid with a credit card, even if I want to pay my deposit with a personal check.
7. Fees for any adjunct therapies recommended or requested during my program are not included in the main price of Panchakarma.
8. If I am not staying at Blue Lotus Ayurveda, I am responsible for making advance reservations for lodging during my Panchakarma program.
9. If I choose to stop my treatment at any time during my scheduled program, I will not get a refund for any paid fees.
10. It is my wish to experience Panchakarma therapies and I accept any and all risks associated with Panchakarma therapies, known or unknown, and assume complete liability.
11. I am waiving any and all claims based upon any physical, emotional, or mental condition, whether past, present or future, and acknowledge that Vishnu Dass and/or Blue Lotus Ayurveda, LLC need to be aware of any preexisting conditions.

I am enclosing check/money order for my \$1,100 non-refundable deposit
Please make check/money order payable to: BLUE LOTUS AYURVEDA, LLC

I would like to pay my \$1,100 non-refundable deposit with a credit card
Please reserve lodging for ___ nights for my Panchakarma with a credit card
Card Type: Visa MasterCard

Name as it appears on card: _____
Billing Address (if different than above): _____
State/Zip: _____
Credit card number: _____
Expiration Date: _____ V-code: _____ (The three numbers on the back of your card.)

I have read and understood, and I agree to all of the above. I agree that if for any reason I choose to stop my program at any time during the days scheduled for me, I will not get a refund for any fees paid.

Signature _____ Date _____