



**Ayurbliss™**  
**Ayurveda Wellness for Mind, Body and Spiritual Health**

**Application and Acceptance Agreement for Consultation**

I, \_\_\_\_\_ on behalf of myself (or my minor child \_\_\_\_\_), hereby make application for an Ayurveda consultation with Rucha Kelkar, Ayurvedic Consultant and Educator trained in India. I understand that I am accepted for participation in this consultation based on the representations and agreements made by me and set forth below:

1. I understand that Rucha is not a licensed physician or surgeon in the United States of America and that no standards or regulations for the practice of Ayurveda and Yoga have been established or defined. Ayurvedic treatment is alternative or complementary to healing art services licensed by the State of California. Ayurveda is not licensed by the State of California or Arizona.
2. Rucha Kelkar, BAMS holds a degree in Ayurveda from the University of Pune, India. She has over eleven years of experience in teaching, educating, lecturing and consulting clients on Ayurveda.
3. I fully understand that the sole purpose of this consultation is for Rucha to assess the level of balance in my physiology using the principles of Ayurveda and Yoga, and to make recommendations to enliven the body's natural healing processes and restore balance. I understand that this assessment may be largely based on the information that I provided on a separate questionnaire and the diet form. The regimen I may follow based on this consultation is NOT intended as a replacement for my primary medical care and treatment. I also understand that this consultation and any recommendations and health food supplements or herbs are not a substitute for medical examination, diagnosis and treatment by a licensed practitioner. For these, I will continue to consult my family physician, health care provider or specialist. On the basis of this consultation with Rucha, I will not modify or suspend any treatment program that I am receiving, without the knowledge and approval of my family physician or specialist.
4. I understand that it is not within the scope of this consultation for Rucha to assume responsibility for the treatment of any specific health problems. Rucha has made no claims or representations to the contrary.
5. I understand that any herbal food supplements recommended for me are not drugs. I understand that some herbal food supplements may interfere with some medications. I will therefore consult my family physician or specialist before taking any herbal food supplements.
6. I agree that data of any health benefits I receive from this consultation may be used in any referrals, research or promotional materials, but that Rucha will not use my name without my express written permission.
7. I understand that my health and my healing process require my active participation and are my own personal responsibility.
8. I understand that I am fully responsible for the payment of the consultation fee. I understand that health insurers currently do not cover Ayurveda & Yoga consultations.
9. I have hereby read, understood, and I agree with the statements, terms and conditions above. I hereby release Ayurbliss and Rucha Kelkar from all liabilities arising from this consultation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ e - mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_