



12 Elk Mountain Road, Asheville, NC 28804* (828) 713-4266 * www.bluelotusayurveda.com

7-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 contact you before your program and in case of an emergency or unforeseen event.)

I understand and agree that:

- 1. The fee for my Panchakarma program is \$3,500 for 7 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 \$1166.66 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 1 month before my scheduled dates. If re-scheduled, my Panchakarma program must be done within 6 months of the original dates. Otherwise I will lose my deposit and a new deposit will be required from me.
5. My remaining balance of \$2,333.34 is due on the first day of therapies.
6. Fees for any adjunct therapies recommended or requested during my program are not included in the main price of Panchakarma. (These include but are not limited to: nadi swedana, marma therapy, marma massage, pinda sweda, yoga therapy, netra basti, kati basti, nabhi basti and hrud basti.)
7. If I choose to stop my treatment at any time during my scheduled program, I will not get a refund for any paid fees.
8. 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. I am waiving any and all claims based upon any physical, emotional or mental condition, whether past, present or future.

- I am enclosing check/money order for my \$1,166.66 non-refundable deposit
Please make check/money order payable to: VISHNU DASS
I would like to pay my \$1,166.66 non-refundable deposit with a credit card (credit card fee \$25 will be added)

Card Type: Visa MasterCard Discover Amex
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 _____