

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

7-DAY PANCHAKARIMA CONTRACT	
Name:	
Address:	_City/State/Zip:
	PK Dates:
Cell Phone:	E-mail:act you before your program and in case of an emergency or unforeseen event.)
(Current cell phone number and email address are required to conta	act 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 \$3,850	for 7 days of treatment.
2. Said fee includes preliminary consultation/instruction.	tructions, main Panchakarma therapies, oils and food during the
3. Dates scheduled for my program cannot be full deposit.	ly reserved and guaranteed until I give a \$1,233.67 non-refundable
4. Once my Panchakarma is scheduled, I may re	equest to change my chosen dates only ONCE without
	1 month before my scheduled dates. If re-scheduled, my
	nonths of the original dates. Otherwise I will lose my
deposit and a new deposit will be required from	n me.
5. My remaining balance of \$2,566.66 is due on the 6. If I choose to stop my treatment at any time du fees.	ne first day of therapies. uring my scheduled program, I will not get a refund for any paid
7. It is my wish to experience Panchakarma ther	rapies and I accept any and all risks associated with
•	d assume complete liability. I am waiving any and all claims
based upon any physical, emotional or mental c	condition, whether past, present or future.
 Please enclosing check/money order for my Please make check/money order payable to: We charge a 3% service fee, if you wish to 	
Signature	 Date