

Xai Xaiz Herbals Consent Form

Consent form to ensure all correct measures have been explored for safe use of natural herbal products/Tea's.

Name *

First Name

Last Name

Date *

Month

Day

Year



Name of products interested in purchasing?

I knowingly and willingly consent to having Xai Xaiz Herbals service(s). Date *

by checking this box I understand and accept this statement.

To prevent allergic reactions/negative experiences that may arise when using herbal products. This is to help protect each other, I understand that i will have to follow Xai Xaiz Herbals strict guidelines *

by checking this box I understand and accept this statement.

I understand that not consulting a medical professionals significantly increases my risk of reactions in the body and may interfere with medication being taken. I know that Xai Xaiz Herbals recommend/advise speaking to a medical practitioner to highlight medication already being taken and any underlying illness. Advice and information from medical professionals will always requested. *

by checking this box I understand and accept this statement.

I understand that due to the natural herbs being used in Xai Xaiz Herbals products. I am increasing the risk of unforeseen reactions by not seeking advice/guidance from my medical practitioner/GP which is my right not to seek. Therefore making me "Client" liable for all negligence. *

by checking this box I understand and accept this statement.

I understand it is advise and recommend by Xai Xaiz Herbals for me to speak to a medical professionals/GP if i am taking medications or have ongoing/underlying illness/disease/viruses or conditions. Which all must be disclosed to Xai Xaiz Herbals. *

by checking this box I understand and accept this

I verify that I have spoken and been given advice by my GP, medical practitioner/hospital in the last 14 days to ensure my own safety. If any reaction may occur to my skin, hair, body I am liable for my own wellbeing and safety. *

YES NO

I confirm that I understand all statements above. My medical professionals/GP have been informed and advised me on what may be suitable. *

YES

NO


Xai Xaiz Herbals Policy

I agree not to buy herbal teas without completing a new (allergy/information form and a consent form) including speaking to my GP/Medical practitioner. It is mandatory for me to inform Xai Xaiz Herbals of any changes in regard to medications, illness, disease, conditions.

I understand, read, and completed this questionnaire/consent form truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible natural herbal product experience when purchasing from Xai Xaiz Herbals. *

Yes

Signature *

Sign Here 

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Clear

Submit