

Natural Alternatives Health, Education, and Multimedia services, INC

Chinatown Tour Registration form;

Please print out, sign, and mail hard copy to 413 Grassy Hill Road, Woodbury, CT 06798-3129

NAME Address and Phone of participants:

Email:

How to pay? Check ,Venmo, Visa (we prefer Check and Venmo at this time) if VISA, DrZ or staff will call you for number,exp date etc



Please fill out and sign the Indemnity waiver and mail; we will send itinerary & handouts upon receipt of this

document.	
I	, am participating in this Chinatown walk put on by Natural
Alternatives health education and multime	dia, INC.
Alternatives health education and multimedia, I Ph.D. or their corporation(s), LLC's, executors, assets(corporate or personal), royalties, agents, and actions, cause and causes of action, suits, d covenants, contracts, controversies, agreements demands whatsoever in law or in equity, and an for any harm that comes to me as a consequence from the beginning of the world to the day of the death, suicide, personal harm and injury, dismessional with injury and loss, or any physical	is, and endlessly discharge and hold harmless NAHEMS, INC {Natural INC} or its executives Eugene R. Zampieron, N.D. and/or Ellen J Kamhi, successors and assigns, heirs, offices, estates, personal businesses, employees, volunteers and subcontractors, of and for all manner of action lebts, dues, sums of money, accounts, reckoning, bonds, bills, specialties, s, promises, variances, trespasses, damages, judgments, extents, claims and any and all accountability, liability or responsibility in any manner or form te, directly or indirectly from my participation in any part of this event, nese presents and hereafter for all times. This includes but is not limited to mberment, loss of personal property, financial loss, theft, expenses or/and mental/emotional illness, malady, discomfort, duress or situation I y, with this trip to chinatown, or any and all events involving these parties.

Date _____

SIGNED