

# 28 Day **THRIVE**

## Detox & Weight-Loss Wellness Challenge

I \_\_\_\_\_ have had all of the following participants below sign the agreement and email release form and would like to sign them up for the 28 Day **"THRIVE"** Detox & Weight-Loss Wellness Challenge. I understand that they will be receiving emails from a 3<sup>rd</sup> party, providing them with the THRIVE program wellness emails and program guidebook. I understand that all sales are final and no refunds will be given, even if my patients/participants, or myself, choose not to continue participation. **Program Launch Date:** \_\_\_\_\_

Patient's First Name Only	Patients Email Address
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_