



DAMAANSA HOLDINGS

FAITH™ Drops



Faith

MEDICAL FORMS
& WAIVERS

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Faith

MEDICAL QUESTIONNAIRE

Doctor:	
Pathologist (LAB)	
Previous Operation/s	
Current State of Health	
Current Medication	

Comments:			
Weight Loss	Yes	No	
Do You Smoke	Yes	No	
Do You Drink	Yes	No	
Allergies	Yes	No	

Are you experiencing any problems		Comments:	
Heart	Yes	No	
Lungs	Yes	No	
Kidneys	Yes	No	
Liver	Yes	No	
Heartburn	Yes	No	
Diabetes	Yes	No	
Blood Pressure	Yes	No	

Any other problems that are not listed above:		
Have you received treatment for your condition before:		Yes
If so, State what type of treatment:		No

Signed: _____

Date: _____



Faith

PRESCRIPTION & PROTOCOL FORM

Doctor:		Contact Number:	
Doctor:		Contact Number:	

Patient Name:			
ID Number		Age:	Weight:

Fingerprint:	Left Thumb	Right Thumb

ORAL PROTOCOL			
Drops	Activator	Frequency	Comments

INTRAVENOUS PROTOCOL			
Drops	Drip	Frequency	Comments

ANAL PROTOCOL				
Drops	Activator	Sterile Water	Frequency	Comments

TRANSDERMAL PROTOCOL					
Drops	Activator	DMSO	Sterile Water	Frequency	Comments

Signed: _____

Date: _____



DAMAANSA
HOLDINGS (PTY) LTD



Faith

MEDICAL WAIVER & CONTRACT

General Details:			
Referring Doctor:			
Start Date of Faith Drops Therapy:			
Personal Details:			
Surname:			
First Name:			
ID Number:			
Home Address:			
Postal Address:			
Telephone Number:		Cell Number:	
Medical Aid Details:			
Medical Fund:			
Number:			
Main Member:			
Main Member ID Number:			
Other Contact Details:			
Name:			
Telephone Number:			
Relationship:			

I hereby confirm the information above is true and accurate.

Signed:

Date:

Waiver of Liability and Hold Harmless Agreement

I hereby release, waive, discharge and covenant not to sue Damaansa Holdings and/or Faith™ Drops, their officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, as a result of my undertaking to undergo Faith™ Drops therapy.

I am fully aware of the risks involved and hazards connected with Faith™ Therapy including but not limited to the OCC, DMSO, Intravenous, and Anal Protocols and I hereby elect to voluntarily participate in said Therapy with full knowledge that said activity may be hazardous to me. I voluntarily assume full responsibility for any risks of loss, damage or personal injury, including death, that may be sustained by me, as a result of being engaged in such an activity, whether caused by the negligence of releasees or otherwise.

I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of releasees or otherwise.

I understand that the releasees and Damaansa Holdings Pty Ltd do not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the law of South Africa.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and sign on this _____

day of _____ at _____

Witnesses: _____ Signature: _____

Date: _____

Participant: _____ Signature: _____

Date: _____

