

**TO PARTICIPATE  
IN OUR RBTI ENROLLED STUDENT TESTER REFERRAL PROGRAM:**

1. Read the overview of how the program is to operate.
2. Download the AGREEMENT FOR RELEASE OF LIABILITY form.
3. Thoroughly read, fill in all the blanks with required information and acknowledge the “Agreement” with your signature. Please include your postal mailing information below your signature as well as your e-mail address. Advanced Ideals Institute, will forward the contact information of the enrolled student tester geographically closest to your location.  
**NOTE:** There is a place at the bottom of the document to have someone, other than a relative, witness your signing the “Agreement.”
4. Make a copy of the completed “Agreement” for your own records.
5. **Mail the completed original** of the “Agreement For Release of Liability” to ***Advanced Ideals Institute, P.O. Box 23709, Santa Barbara, CA 93121.***
6. Thank you for choosing to participate in this valuable to you, and our students, program!

AGREEMENT FOR RELEASE OF LIABILITY

I, (please print full name) \_\_\_\_\_, by signing and submitting this form to *Advanced Ideals Institute*, herein after *AII*, am requesting contact information regarding person(s), participating in *AII's Enrolled Student Tester Referral Program*, herein after *referral program*, in my region whom I may contact for their RBTI health and diet educational services.

I fully understand that the student RBTI tester, herein after *tester*, whose contact information I will be given, has:

- Completed at least four basic instruction levels in the theory and application of RBTI through *AII*.
- **Not** been examined or certified as an RBTI tester through *AII's* certification program
- **Not** been licensed by any private or public (state or federal) regulatory agency in the use and application of RBTI.
- Formally submitted their name to *AII* requesting to participate in *AII's* referral program.
- Submitted their ENROLLED STUDENT TESTER'S RELEASE OF LIABILITY to *AII* for all referrals to them, including mine.

I hold *AII*, and its staff and instructor(s), harmless for any consequences, claims or potential claims resulting from *tester's* actions, or *tester's* failure to act, or *my* actions, or *my* failure to act, in accordance with the *tester's* RBTI test, analysis and recommendations, as a consequence of participation in *AII's* referral program. *AII* has made no promises, claims or guarantees to me as a result of my request to participation in *AII's* referral to any enrolled student *tester*.

I acknowledge that *AII's* referring me to a student *tester*, is not directing me or encouraging me to terminate, modify or replace any previous or ongoing therapies, treatments, or prescriptions under the direction or care of any licensed medical or health practitioner, nor is *AII* referral program directing me to participate in the unlicensed practice of medicine.

I fully acknowledge and declare my freedom and right to seek out and implement lifestyle and dietary philosophies and therapies, such as RBTI, I personally believe may be of value.

THEREFORE, I acknowledge, declare and certify that I am of legal age and that I have read and understand this AGREEMENT FOR RELEASE OF LIABILITY and its purpose in its entirety and I have executed the same of my own free will choice.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(full legal signature)

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City, State, and Zipcode*

\_\_\_\_\_  
E-mail address:

**Witnessed by** (someone that is not a relative):

(please print name on line and sign below) \_\_\_\_\_

\_\_\_\_\_