

## MEDICAL STATEMENT:

Please read and sign this consent form and then send it back to us with your deposit.

To the best of my understanding, I am in good health and have no need for special assistance during the 14 days of the spiritual tour.

- I certify I have at least a 21-day supply of any medications needed.
- I am capable of walking without support or climbing stairs.
- List any illnesses you have that require daily injections or medications: i.e., diabetes.

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## Doctor Statement:

Please have a doctor sign this release in the event you take multiple prescriptions, or have diabetes, or epilepsy.

I \_\_\_\_\_ MD certify that to the best of my knowledge \_\_\_\_\_ is in good physical and mental health; and does not require special assistance. Sufficient medication has been prescribed to last 21 days.

Additional Comments: \_\_\_\_\_

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Signature Date

**Consent for Medical Treatment:** I, the undersigned, authorize and consent to any first aid, medication, medical treatment, or surgery deemed necessary in a medical emergency. I obtained traveler's insurance and am personally responsible for any/all medical expenses incurred during any emergency. Kumara Institute/Paula Muran is not responsible for any fees for your medical care, regardless of if you deem it a medical emergency or not. You must come equipped with all proper medications (herbal, homeopathic, allopathic).

In the United States, it's illegal to administer any type of medicine to anyone unless you're a medical doctor.

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Signature Date

**\*\*Please note—**If you are diagnosed with mental health issues like schizophrenia or bipolar disorders, or physical health issues like HIV the Kumara Institute and Paula Muran (KumariDevi) **cannot** take you on tour outside the United States.