

# Holistic Sarah PA

(Formally known as Central Coast Alternative Therapeutics & Rejuvenation)

As a member of our exclusive Private Membership Association (PMA), you will unlock a world of unique opportunities and will receive a range of holistic treatment options that will both benefit and enhance your life, and you will safeguard your rights to the wellness treatments you choose.

- ❖ Gain access to exclusive services through multiple wellness modalities and alternative therapies, such as IV Infusions and supplements.
- ❖ Schedule appointments in a timely fashion ranging from wellness checks to treatment of acute infections such as influenza, COVID, RSV, etc...
- ❖ You will receive Sarah's personal cell phone for immediate response in case of emergency.
- ❖ Access to our Daiwa Massage Chair offering a variety of settings to best suit your personal needs.
- ❖ Includes physical exams, office visits, lab review, and any other medical need.

Achieve all your wellness goals and receive all the benefits listed above at Holistic Sarah PA by signing up as a PMA Member for a monthly charge of \$200.00.  
(Membership application and agreement attached below)

## Holistic Sarah PA

### **Membership Application and Agreement**

The Holistic Sarah PA Membership Agreement and Application may seem lengthy; however, it is necessary for the well-being and protection of all parties involved. This agreement clarifies expectations and outlines rights and responsibilities of both the members and the Association. Completing this application is important to ensure a successful and beneficial relationship between all parties.

I/ We understand that the Holistic Sarah PA Membership Agreement and Application may seem lengthy, however, it is necessary for the well-being and protection of all parties involved. This agreement provides clear expectations and outlines rights and responsibilities of both the members and Association. Completing this application is important to ensure a successful and beneficial relationship between all parties.

1. The objective of the Association is to provide the Private Membership Association founders (Sarah et. al) and all Private Membership Association members (each person signing this agreement) with a platform on which to conduct all manner of private business with the Association and with other Associations and Association members, keeping all business in the private domain under the protections guaranteed by the Universal Declaration of Human Rights (UDHR) providing a secure platform for members to conduct business in the private domain under all protections acknowledged and

guaranteed by the Constitution of the UNITED STATES, and any previous protections guaranteed.

2. We believe that the Holy Scriptures, the Universal Declaration of Human Rights (UDHR), the Constitution of the United States of America, the various constitutions of the several states of the union, and the Charter of Rights of Canada guarantees our members the rights of freedom of religion, free speech, petition, assembly, and the right to gather together for the lawful purpose of helping one another in asserting our rights protected by those Constitutions, Charters and Statutes, in addition to the rights to be free from unreasonable search and seizure, the right to not incriminate ourselves, and the right to freely exercise all other unalienable rights as granted by our Creator, the Almighty God and recognized by those Constitutions, Charters, and Statutes.

WE HEREBY Declare that we are exercising our right of “freedom of association” as guaranteed by the Universal Declaration of Human Rights (UDHR), the U.S. Constitution and equivalent provisions of the various State Constitutions, as well as the Charter of Rights of Canada. This means that our Association activities are restricted to the private domain only and outside of the jurisdiction of government entities, agencies, officers, agents, contractors, and other representatives as provided by law.

3. We declare the basic right of all our members to decide for themselves which Association members could be expected to give wise counsel and advice concerning all matters including, but not limited to education, physical, spiritual, and mental health-care assistance, law, and any other matter and to accept from those members any and all counsel, advice, tips, whom we feel are able to properly advise and assist us.

4. We expect the freedom to choose and perform for ourselves the types of therapies and treatments that we think best for achieving and maintaining optimum health and wellness of body, mind and spirit. We assert our freedom to choose for ourselves whatever assistance we perceive is in our best interests, whether it is legal assistance, or other private business activity.

5. Part of the mission of this Association is to provide members with a forum to conduct business between members in the private domain with the protections guaranteed within the aforesaid Constitution and Charter remaining fully intact.

6. The Association will recognize any person(s), natural or otherwise (irrespective of race, color, or religion) that are accepted in the membership of this Association together with social media group organized, created, or managed by this Association, who remains in agreement with these principles and policies as a member of this Association, providing said person(s) has not been sanctioned, exercised, or otherwise banned by the association, The Association purposes to provide a medium through which its individual members may associate for actuating and bringing to fruition the purposes heretofore declared.

7. Membership to this Association, “Holistic Sarah PA”, and any of its groups may be terminated by the association Trustees or their designee, at any time, should they conclude that a specific member is interacting with them or any other members in a way that is contrary or detrimental to the focus, principles, and betterment of this Association.

As a member of Holistic Sarah PA, I understand that my membership can be terminated for any reason, without notice and without the need to disclose the reason for termination. I acknowledge and agree that Holistic Sarah PA reserves the right to terminate my membership at any time, with or without cause. I further acknowledge and agree that Holistic Sarah PA is not obligated to provide any explanation or justification for the termination of my membership. I also understand that no refunds shall be provided for any termination or cancellation of my membership. I acknowledge and agree that Holistic Sarah PA has the right, at its sole discretion, to change or terminate any aspect of the membership at any time, with or without notice. I understand that Holistic Sarah PA is not liable for any loss or damages that may result from such changes or termination.

8. I understand that, since The Association is protected by the First and Fourteenth Amendments to the U.S. Constitution, it is outside the jurisdiction and authority of Federal and State Agencies and Authorities concerning all

complaints or grievances against The Association members or other staff persons. All rights of complaints or grievances will be settled by an Association designee, committee, or tribunal and will be waived by the member for the benefit of The Association and its members. By signing this membership application, I declare that I have sought sufficient education to determine that this is the course of action I want to take for myself.

9. I agree to join Holistic Sarah PA, a private membership association under common law, whose members seek to help each other achieve better health and good quality of life. I am voluntarily changing my capacity from that of a private person to that of a private member. My activities within The Association are a private contractual matter that I refuse to share with the Local, State, or Federal investigative or enforcement agencies. I fully agree not to pursue any course of legal action against a fellow member of The Association, unless that member has exposed me to a clear and present danger of substantive evil, and upon the recommendation and approval of the Association.

10. I agree that in the event of death or injury while using the facilities at Holistic Sarah PA, I will hold the facility harmless from all claims related to such death or injury. I understand everyone dies as an act of God. I accept all risks of such use and agree to indemnify and hold Holistic Sarah PA, its owners or facility harmless from all claims, damages, liability, or costs associated with such death or injury. I further agree to release Holistic Sarah PA, its owners or facility from all liability, including but not limited to negligence, for any death or injury which may occur.

As a member, I am aware that Holistic Sarah PA utilizes holistic treatments as a preferred modality in their services. They do not operate with or have a “standard of care” or any specific protocols they abide by, and the services and treatments they offer are based on their own research, education, and experience.

It is important for me to know that the information provided by Holistic Sarah PA is opinion-based and not a substitute for medical advice, and that the treatments and services offered are not intended to diagnose, treat, or cure any medical conditions. Holistic Sarah PA does not guarantee any outcomes

as a result of using any of their services, and they're not responsible for any outcomes that may result from using their services. I understand that I am encouraged to seek the advice of a qualified healthcare provider if I have any questions or concerns about my health. I appreciate this disclosure as it helps me make an informed decision about their services offered. If I have any questions or concerns, I know I can always ask them.

11. As a member of Holistic Sarah PA, I am responsible for any damages I have caused to the property or its facility. This includes any furniture, fixtures, equipment, or materials. If I am negligent, misuse, or do not take proper care, I will be charged for the full cost of repair or replacement. I understand that I am liable for all costs associated with repair or replacement due to my action and appreciate Holistic Sarah PA's efforts in keeping the facility and property in good order.

12. I understand that Holistic Sarah PA retains the right to deny any application for membership for any reason. This includes, but is not limited to, pregnancy, a medical condition, prior medical treatments, implants, current psychological state, withholding knowledge pertaining to a significant medical condition, etc. Our health organization is not obliged to providing a reason for declining membership. By submitting an application for membership, I hereby acknowledge and agree that Holistic Sarah PA reserves the right to deny membership for any reason and without disclosure whatever reason might have informed the decision. I will be notified of the decision as soon as possible.

Holistic Sarah PA reserves the following rights: 1) To amend or modify this disclosure at any time without prior notice, 2) To amend or modify or terminate any membership programs upon their completion.

13. I affirm that I do not represent any Local, State or Federal Agency, Department, Bureau, Commission, Authority, Office, Service or otherwise whose purpose is to regulate and approve products or services, or to carry out any mission of entrapment, enforcement, or investigation.

**I enter into this agreement of my own free will without any pressure or coercion. I have read and understood this document, and my questions have been answered fully to my satisfaction. I understand that I can withdraw from this agreement and terminate my**

**membership in this association at any time, and that my membership can and will be revoked if I engage in abusive, violent, menacing, destructive or harassing behavior towards any other member of The Association. These pages consist of the entire agreement for my membership in The Association. I agree this contract begins on the date of my acceptance into the Association of “Holistic Sarah PA,” I declare that by signing this Association and/or subscribing to any of the Association’s websites and/or social media group(s), that I have carefully read this document, that I understand the terms and conditions. By submitting this application for membership, I acknowledge that I have read and understand all disclosures and agree to be bound by all terms and conditions.**

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Applicant

Date

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Applicant

Date

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Credit Card number

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Exp date

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CVV

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Zip Code