



## JUICE CLEANSE SIGN UP SHEET

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

My doctor will be aware of my cleanse YES \_\_\_ NO \_\_\_

I affirm that I am medically suitable to undertake an all-juice diet, and that I am and/or will be under a doctor's care prior to, during, and immediately after the fasting period. I fully release Juice Bar LLC and it's agents from any liability stemming from my participation in any juice cleanse, detox or fast.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: ALL PRE-PAID CLEANSES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. THIS PROTECTS OUR OPERATIONS, FOOD ORDERING, AND SUPPORTS CLIENTS IN STARTING AND COMPLETING THEIR CLEANSE. THANK YOU FOR YOUR UNDERSTANDING!

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### [Below to be filled out by STAFF]

\*\*\*\*PLEASE MARK ALL SPACES BELOW WITH AN X OR ✓

ESSENTIAL \_\_\_\_\_ JUICE TO DINNER \_\_\_\_\_ CORE CLEANSE \_\_\_\_\_ CUSTOM (use notes) \_\_\_\_\_

START DATE \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

PICK UP TIME \_\_\_\_\_ PICK UP ALL DAYS AT ONCE \_\_\_\_\_

PICK UP ON MARKED DAYS

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

JUICE BAR JARS \_\_\_\_\_ CUSTOMER JARS \_\_\_\_\_ GROWLERS \_\_\_\_\_

CUSTOM CLEANSE or NOTES \_\_\_\_\_

ORDER POURED BY: (Initial & Date - ex: BH 11/13)

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_