A P O T H E C A R Y L I A B I L I T Y W A I V E R



Agreement

Acknowledgment of Voluntary Participation

I acknowledge that my participation in the use of apothecary products, herbal remedies, and natural formulations is entirely voluntary. I understand that these products are intended for personal wellness and are not a substitute for medical care, prescription medications, or treatment from a licensed healthcare provider.

I acknowledge that while the provider may offer information based on traditional and historical uses of herbs, oils, tinctures, teas, and other botanical products, no claims have been made regarding their effectiveness. I understand that it is my responsibility to research and determine the suitability of any product before use.

Health and Medical Disclosure

I confirm that I have disclosed any known allergies, medical conditions, or sensitivities that may impact my response to apothecary products. I understand that certain ingredients may interact with prescription medications, dietary factors, or health conditions, and I accept full responsibility for consulting with a qualified healthcare professional before using any natural remedy.

I acknowledge that the provider is not a licensed medical doctor or pharmacist and cannot diagnose, treat, or prescribe for any medical condition. I understand that I am solely responsible for my health and well-being and for making informed decisions about the use of apothecary products.

Understanding of Potential Risks

I understand that herbal products, tinctures, essential oils, teas, salves, and other natural formulations may have potential side effects, including but not limited to allergic reactions, skin irritation, digestive upset, drowsiness, or unexpected sensitivities. I acknowledge that my body may respond differently than anticipated and that results are not guaranteed.

I voluntarily assume all risks associated with the use of apothecary products purchased at the store at made by Herbalist Sarah Miller (Sarah Miller) at my request. I understand that some herbs and botanicals may not be suitable for pregnant or nursing individuals, those with underlying health conditions, or those taking medications. I accept full responsibility for researching and verifying the safety of any product before use.

No Guarantee of Results

I acknowledge that apothecary products and herbal remedies are not scientifically proven to work for every individual. I understand that personal factors such as health, genetics, and lifestyle choices may affect how my body responds. I accept that no warranties or guarantees have been made regarding the effectiveness of any product or remedy.

I understand that results may vary, and it is my responsibility to monitor my body's reaction to any herbal or natural product I choose to use. I agree to discontinue any product that causes discomfort or adverse effects and seek professional medical advice as needed.

Assumption of Personal Responsibility

I acknowledge that it is my duty to educate myself on the proper use, dosage, and application of any apothecary product I purchase or use. I understand that natural substances can have strong effects, and I accept full responsibility for using them responsibly and within recommended guidelines.

I agree that I am responsible for ensuring proper storage, handling, and application of any apothecary product. I acknowledge that improper use or failure to follow provided instructions may increase the risk of unwanted side effects, for which I assume full responsibility.

Waiver of Liability and Release of Claims

I voluntarily release and discharge the provider, herbalist, consultant, business owner, and any affiliated parties from any claims, damages, or liabilities arising from my use of apothecary products. I acknowledge that the provider is offering general wellness information and is not responsible for any unexpected reactions, health complications, or adverse effects.

I accept full responsibility for my health decisions and waive any right to seek damages or legal claims against the provider for any adverse effects or dissatisfaction with any product. I understand that I am solely responsible for any outcomes resulting from my participation in herbal medicine and natural wellness practices.

Personal Research and Due Diligence

I acknowledge that I am responsible for conducting my own research regarding the herbs, oils, and other natural ingredients in any apothecary product I choose to use. I understand that traditional uses of plants and botanicals are not always supported by modern scientific research and that I should approach herbal medicine with both caution and curiosity.

I agree to take all necessary precautions when trying new apothecary products and to introduce them gradually into my wellness routine. I understand that even natural substances can have powerful effects and should be used responsibly.

Photography and Media Consent

I acknowledge that photographs, videos, or other media may be captured during apothecary workshops, or events for promotional and marketing purposes. I grant permission for my likeness to be used in wellness-related materials unless I specifically request otherwise in writing before my participation.

I understand that I have the right to opt out of photography or videography and must communicate this to the provider in advance. If I do not opt out, I waive any rights to compensation or claims related to the use of my image in promotional content.

Signatures

By signing below, I confirm that I have read, understood, and voluntarily agreed to the terms of this waiver. I acknowledge that I have had the opportunity to ask questions and that all my concerns have been addressed. I consent to the use of apothecary products and accept full responsibility for my choices.

Service Provider	Client
Print Name:	Print Name:
Signature:	Signature:
Date:	Date: