

Holistic Evaluations

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Share your story!

How has Medical Cannabis helped you in your life? Holistic Evaluations would like to share your story. We want to educate people about the benefits of Medical Cannabis and how it could possibly help others in need. Has Cannabis reduced or eliminated any medications? Has it increased your overall activities of daily living? What was your life like before/after using Cannabis medicinally? With your permission, we will place your testimony on our website and social media platform (Facebook and Instagram). Please fill out the testimonial release form below. And again, thank you greatly for sharing!

Once completed, please email your testimony and release to holisticevaluations@gmail.com.

If you would like an electronic version of this form emailed to you, please call/text to let us know at (206) 303-0246.

Testimonial Release

I, _____ (Full Name -Releaser) give consent to Holistic Evaluations 11201 SE KENT KANGLEY RD KENT, WA 98030 (Manufacturer) to use my written testimony on their website to share the benefits of Medical Cannabis as it pertains to my personal experience. I also give Holistic Evaluations permission to spellcheck/proofread for editing purposes the testimony before publishing it to their website.

The name/nickname or abbreviation of my name to be posted with my testimony is:

(If left blank, only your initials will be used)

OK to Share testimony on Holistic Evaluations Website Yes No

OK to share testimony on Holistic Evaluations Facebook Yes No

OK to share testimony on Holistic Evaluations Instagram Yes No

Releaser also hereby releases Manufacturer and such other parties from any obligation to make any payment hereunder or from any other liability incurred in connection with the use of any such text or other material in the manner provided. Release acknowledges their full and complete satisfaction with the terms of this release.

Releaser Signature _____ Date _____

