

CHOOSE LIFE ABUNDANT
Visitor Application

CHOOSE LIFE ABUNDANT *Visitor Application*

Disclaimer & Liability Waiver Form

I accept that any information shared hereby Jose Rolando Porras, Choose Life Abundant, Inc. (a non-for profit charity also know as: CLA), its representatives, directors, volunteers, employees, the Choose Life Abundant website and family of internet related websites including social media, and any other printed or electronic material presented by anyone representative of alternative natural lifestyles does so uniquely for educational purposes only, and assumes no liability for any outcome resulting from the use of any information shared.

We both agree to defend, indemnify, and hold each other (Jose Rolando Porras, CLA, myself as visitor, and any other third parties related or non-related) harmless from any and all liabilities, settlements, penalties, expenses, fines, interest, loss, actions, claims, demands, costs, suits, and/or judgements, including court costs and attorney's fees, as a result of the use of any of the educational information that may be shared to me (and related parties) in any form whatsoever, or violation of or failure to conform or comply with any applicable statute, treaty, regulation, ordinance or lawful order by its directors, volunteers, agents, employees. In no event shall either party be liable for any lost monies, profits, lost savings, indirect, incidental, consequential, reliance, exemplary, punitive, or special damages, even if a party has been advised of the possibility of such damages.

I understand I am not a patient, nor Choose Life Abundant is a clinic, nor part of a clinic, hospital, sanatorium, wellness center, and all its representatives are not medical practitioners. Nothing that is practiced or done at CLA is intended as a substitute for the diagnosis, treatment and advice of a qualified licensed medical professional. Jose Rolando Porras, Emily Porras, the websites, social media, and any other material shared offers people healthy lifestyle information and tells them about alternative lifestyle options, but in no way should anyone consider that it represents the "practice of medicine, psychology, psychiatry, nutrition, physical training, therapy, etc." Neither Jose Rolando Porras nor Emily Porras is a coach, trainer, psychologist, psychiatrist, nutritionist, therapist, or doctor nor has he trained to be one. Nobody, including Jose Rolando Porras and Emily Porras, affiliated to this natural alternative of lifestyles assumes any responsibility for how any material is used nor offers any guarantees of any kind of result. Also note that the information shared is frequently updated, due to a variety of reasons; therefore, some information may be out of date. The statements regarding alternative treatments for any kind of disease have not been evaluated by the FDA. Nutritional blood analysis (may also be called Microscopy, and Live Blood Analysis) screening tests are for general educational purposes only and cannot be used to diagnose, evaluate, or treat any disease or disorder. Statements, or suggestions made, or products suggested, may have not been evaluated by the FDA. They are not intended to diagnose, treat, cure, or prevent any disease. Suggestions and protocols for lifestyle changes and nutritional support are not intended to recommendations, nor are these a substitute for appropriate medical care. If you have a medical condition or disease, please always talk to your doctor or physician first before ever using any of the presented product or information.

This agreement shall commence upon either signing this document, or visiting CLA. All visits require a signature of this Disclaimer and Liability Wavier which is binding always.

Acknowledgement

Date

First & Last Name

Month, Day, Year

If under 18, this form requires the signature of a parent or legal guardian.

CHOOSE LIFE ABUNDANT

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Health Screening

Instructions:

In this section, you will find information and instructions regarding the first step on your pathway to health. Whether you are planning on taking part in a five and ten day program, or just wanting a checkpoint towards success, here you are: the two-hour health screening. Please read carefully in advance of your screening visit.

SCREENING INSTRUCTIONS

In addition to completing this application, fasting is required for this screening. If you are visiting in the morning, please skip breakfast. No snacks. Hydration however is very important, so please drink lots of water, and water only. Feel free to bring a snack for after the test in case you get hungry. If you are visiting in the evening, please skip your lunch and do not snack. Stay hydrated nonetheless; only water please.

VISIT LENGTH

Please plan on approximately two (2) hours for your health assessment.

CONFIDENTIALITY

Everything shared by the patient and/or discussed is completely confidential and private.

CANCELLATIONS

If you are unable to make it to your appointment, please call, text, or email me as soon as possible. This is important because there are many visitors hoping for cancellations to get screened sooner.

SCREENING DONATIONS

This screening service is free for first-time visitors.

A \$100.00 per person love-donation need is suggested for the follow-up.
This only applies to the follow up.

Choose Life Abundant is a non-for profit charity and the reason for this love offering is to help sustain the cost of living, services and material costs incurred. We accept checks, cash, or debit and credit cards (VISA, MasterCard, Amex, Discover, Diners, Zelle by using info@chooselifeabundant.org, Cash, CashApp, checks, etc.).

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Program Information & Cost

Instructions:

In this next section, you will find information and instructions regarding our various programs. Immediately following, you will be able to select the programs of your choice. Please read carefully the following and let us know if you have any questions.

STAY-IN PROGRAMS (1-6 PEOPLE)

Choose Life Abundant has been purposely structured as a non-profit to provide an affordable alternative to your typical Wellness Center costs. For one to two visitors, we currently have a suggested minimum donation need of \$250.00/day per stay-in visitor.

We can run the program for 1 single visitor up to 6 people only if our visitors are married couples; however, we only have three guest rooms, one with a full bed, one with a queen, and one with bunks. Thus, we can house a maximum of four single people or two married couples and two single visitors who don't mind sharing a room, totaling 6 people. For groups above 2-3 people, we may require additional staff. Please let us know a month in advance so that we can prepare ahead; some of our volunteers may fly in from out of state to help.

One microscopic screening cost included.

NON-PARTICIPATING COMPANIONS

For our non-participating companions, there is an added donation need of \$200/day per person to cover for a room, meals, and other boarding expenses. Please note, we have limited space.

REMOTE PROGRAMS (INDIVIDUAL)

We can guide you through our program remotely by way of telephone, Zoom, Facetime, etc. The suggested donation needs are as follows: \$325 for five days, and \$65 for each subsequent session up to ten days, or as needed.

TRAINING

For anyone interested in learning any of the approaches we employ at CLA, we can do so over a 3 day program. Costs are \$180 for guest bedrooms per day, or \$100 for bunkbeds per day for students. Maximum of six people. Cost is per person. Alternatively, you may wish to work with us during a 5- or 10-day program. Please inquire for more details.

OUTDOOR HYDROTHERAPY

Hydrotherapy cannot be applied when there are indicators of high-blood pressure, open wounds, there is diarrhea, cancer, or complicated cases of autoimmune disease. Alternatively, we can apply hydrotherapy in our showers. If selected separately from a program, the cost is \$60 per person, maximum of four people. No cost if visitor is enrolled in any of our 5- or 10-day programs.

CHOOSE LIFE ABUNDANT

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Program Information & Cost, Continued

Instructions:

Below is more information and instructions regarding our various programs. Immediately following, you will be able to select the programs of your choice. Please read carefully the following and let us know if you have any questions regarding the material.

MASSAGE

Maximum of two people per day. Cost is per person. Please let us know in advance of your interest as this service is outsourced and depends on availability. The cost of the massage is not included in our programs. This is an additional charge of \$70 per person, per massage session.

RESERVATION DEPOSIT

We can only secure your dates by leaving a minimum \$100.00 reservation deposit. Please refer to our website or let us know if you need help doing so. The reservation deposit will count towards your final donation and will be refundable until 15 days prior to your visit. It will not be refundable if your visit is canceled a second time. Please kindly wait to be approved into the program before sending your deposit.

DONATIONS AND REIMBURSEMENTS

Please note, donations will need to be received in full one month (30 days) prior to starting any of our programs: here. Your donations are fully refundable until 15 days from starting day. Refunds after 15 days prior starting date will incur a penalty of 30%. Donations will be incur a 40% penalty if canceled a second time regardless of its timing. Thank you for understanding.

A NOTE ABOUT OUR FEES

Although we would love to offer our programs at no cost, it is true that most people value things by what must be given up obtaining them. You often take something seriously due to personal sacrifice—or by how it improves your life.

At our end, we take every visitor seriously. The cost of not helping someone who is stuck in a rut can literally be the loss of life. After careful consideration, we have suggested donations which cover the cost of the programs; but we are open to what Providence puts in your heart to provide for the services you are seeking. We are eager to give you our best; we put our hope and trust in Providential leading in all of this.

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Program Selection

Instructions:

Please check any of the following options that you would like to partake in during your time with us.

HEALTH ASSESSMENT

- 2-hour Screening \$0-100*
Vital signs and one microscopic screening. Complementary for first-time visitors only; follow ups \$100.

OUTDOOR HYDROTHERAPY

- 3 Rounds \$60*
Maximum of four people. Cost is per person. No cost if visitor is enrolled in any of our 5- or 10-day programs.

MASSAGE

- 1 Hour \$70
Maximum of two people per day. Cost is per person. Please let us know in advance of your interest as this service is outsourced and depends on availability. The cost of the massage is not included in our programs. This is an additional charge.

TRANSPORT

- Driver Needed (Automobile) \$75 (\$150)
We are located about 2 hours away from the Nashville airport and there are always UBER and Lyft drivers that can bring you to our preimises usually costing somewhere between \$100-\$300 one way. Alternatively, there are car rentals at the airport. We can also outsource a driver that has worked for us in the past for a \$75 rate per trip. For a round trip that would be \$150. Availability however is limited on a few matters, one of them being timing. Our driver, if available during your visit needs to be booked in advanced. Her schedules are open Sunday to Friday as long as the flight to land is no later than 5:00PM on arrival date to Tennessee, and departing Tennessee no earlier than 10:00AM. This is due to the fact that she would need to be driving about 4 hours to complete her job.

TRAINING

- 3 Days \$540*
For anyone interested in further learning any of the approaches we employ at CLA we can do so over a 3 day program. Costs are \$180 for guest bedrooms per day, or \$100 for bunkbeds per day for students. Maximum of four people. Cost is per person.

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Program Selection

Instructions:

Please check the options of your choice below.

5-DAY PROGRAM (STAY-IN)

- 1-6 People (16+ years) \$1,250*
Maximum of two couples (four people) or two single visitors. Minors must be accompanied by an adult participant or non-participating companion. Cost is per person.
- Family Package (Adult) \$1,200*
Maximum of two couples (four people) or two single visitors. Cost is per parent/guardian.
- Children (8-13 years) \$400*
Cost is per child.
- Children (under 8 years) \$300*
Cost is per child.
- Non-participating Companion \$1,000*
Cost is per person.
Companion's Name: _____ Phone #: _____
Relationship: _____ Email: _____
(spouse, parent, sibling, friend, grandparent, cousin, child, nurse, etc.)

10-DAY PROGRAM (STAY-IN)

- 1-6 People (16+ years) \$2,500*
Maximum of two couples (four people) or two single visitors. Minors must be accompanied by an adult participant or non-participating companion. Cost is per person.
- Family Package (Adult) \$2,300*
Maximum of two couples (four people) or two single visitors. Cost is per parent/guardian.
- Children (8-13 years) \$750*
Cost is per child.
- Children (under 8 years) \$500*
Cost is per child.
- Non-participating Companion \$2,000*
Cost is per person.
Companion's Name: _____ Phone #: _____
Relationship: _____ Email: _____
(spouse, parent, sibling, friend, grandparent, cousin, child, nurse, etc.)

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Program Selection

Instructions:

Please check the options of your choice.

5-Day or 10-Day Program (Remote)

- Conference / Phone / Zoom \$325* or \$650*
5 or 10 sessions at \$65/session. Cost is per person; couples get the second session half price.

Additional Overnight Stays

- Number of nights: _____ \$200*
Cost is per person, per night.

Instructions:

Please write your first and second choice for the dates of your stay below.

Preferred Dates: _____ Second Best Dates: _____



Our Contact Information

Address

399 Levi Hollow Road, Lawrenceburg, TN 38464

Further Information

Our gate is 1,300 feet past the mailboxes; just follow the blue arrows on the trees.

Telephone

(931) 300-2925

Cellphone

(305) 632-9835

Email:

info@chooselifeabundant.org

Website:

www.chooselifeabundant.org

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Lifestyle Review

Instructions:

Please read this form completely, and fill all parts as best as possible prior to the day of your appointment.

NOTE: *If you need extra space for any section of this application, please attach extra page(s) with your response.*

Medical Conditions and/or Disabilities

(allergies, migranes, joint pain, reflux, constipation, congestion, fatigue, etc.)

“

Mental Health: Have you ever been diagnosed with a mental illness or suspect you might have one?

(anxiety, depression, schizophrenia, bipolar, borderline personality disorder, OCD, PTSD, self-harm, phobias, panic disorder, social anxiety disorder, eating disorders, etc.)

“

Have you had suicidal thoughts? Yes No

Have you thought about setting up a plan to end your life? Yes No

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Lifestyle Review

Instructions:

Please read this form completely, and fill all parts as best as possible prior to the day of your appointment.

Medications and Supplements

(vitamins, minerals, protein powder, herbs, creatine, steroids, etc.)

“

What are your hopes in coming to CLA?

(victory over addictions, revival, restoration, recovery, my health, etc.)

“

Do you smoke?

Yes No

How many a day? _____

Type (circle any that apply):

cigarette, e-cig (vaping), chew, marijuana, cigars

Do you drink alcohol?

Yes No

How many a day? _____

Type (circle any that apply):

wine, beer, liquor, tequila

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Lifestyle Review

Instructions:

Please read this form completely, and fill all parts as best as possible prior to the day of your appointment.

Do you take drugs? Yes No Type (write any that apply):

If yes, how many
times per week? _____

Do you exercise? Yes No Type (circle any that apply):
aerobic, weights, high intensity, walk, other -----
If yes, how many
times per week? _____

OPTIONAL: What is your spiritual background, if any?

(atheist, agnostic, Muslim, Jewish, Christian, Catholic, Buddhist, New Age, Hindu, Mormon, JW, etc.)

“

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Lifestyle Review

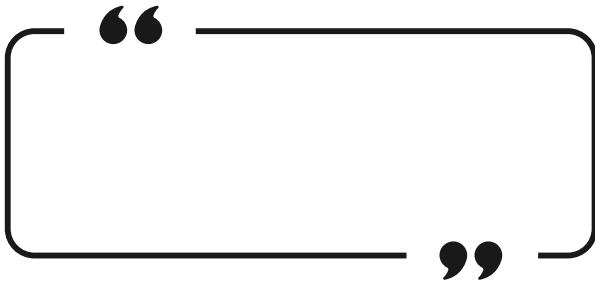
Instructions:

Please briefly describe your diet.

Breakfast

(eggs, bacon, toast, sausage, beans, smoothie, donuts, cereal, protein shake, arepas, bagels, pancakes, burrito, tortillas, etc.)

“ ”



Morning Snack(s)

(fruits, candy, chocolate, donut, cake, nuts, crackers, chips, popcorn, smoothie, etc.)

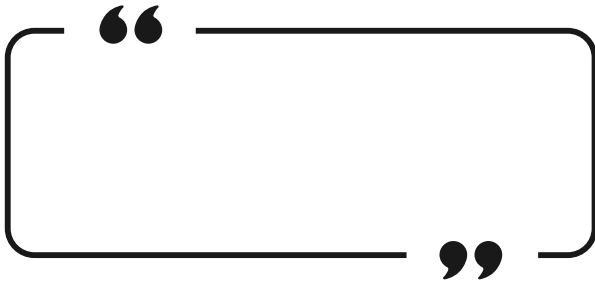
“ ”



Lunch

(steak, meat, fish, chicken, turkey, tofu, seafood, pastas, bread, salads, rice, beans, vegetables, fruit, soup, dessert, etc.)

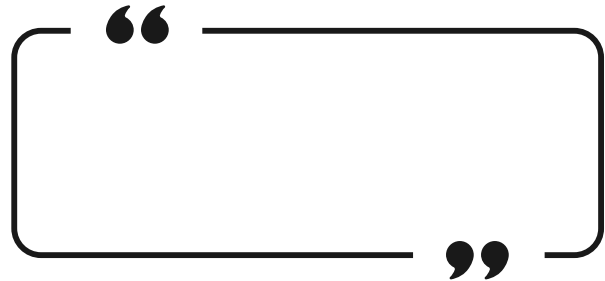
“ ”



Afternoon Snack(s)

(fruits, candy, chocolate, donut, cake, nuts, crackers, chips, popcorn, smoothie, etc.)

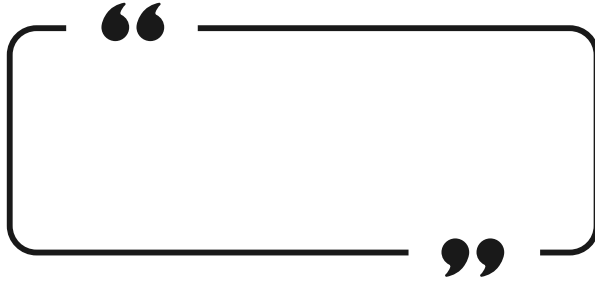
“ ”



Dinner

(steak, meat, fish, chicken, turkey, tofu, seafood, pastas, bread, salads, rice, beans, vegetables, fruit, soup, dessert, etc.)

“ ”



Evening Snack(s)

(fruits, candy, chocolate, donut, cake, nuts, crackers, chips, popcorn, smoothie, etc.)

“ ”



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Lifestyle Review

Instructions:

Please briefly describe your diet.

Do you eat desserts? If yes, which kinds and how often?)

“

Are there any foods you dislike or cannot tolerate?

“

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Emotional History

Instructions:

In this section please share, if appropriate, whether you have ever experienced a great loss in your life. That could be the loss of a job, a good friendship, a loved one, a divorce, a significant betrayal, an ongoing fight, or anything that you would consider a great test in your life that has significantly marked you. Everything you share is absolutely confidential.

“

Please check any of the following that you have experienced in your lifetime:

- Negative Feelings
(fear, guilt, shame, anxiety, panic/panic attacks, worry, self-pity, anger, depression, frustration)
- Negative Thinking
(It's my fault, I'm bad/dirty/unclean, I can't speak up/have needs, I'm worthless/undeserving, I'm hopeless, I'm rejected, I'm alone, etc.)
- Grief/Loss
(parent, caregiver, child, miscarriage, adoption, marriage, suicide, relationship, job, physical health/injury, finances, loss of faith/trust, etc.)
- Abandonment, rejection, betrayal, isolated, forsaken, lonely, death, trauma, financial troubles
- Relationship problems and/or tension with spouse, parents, children, others, etc.
- Abuse
(physical, emotional, mental, verbal, religious, fear of being killed, threatened etc.)
- Sex Abuse
(feeling ashamed, used, violated, pressured or coerced to have unwanted sex/date, rape, sexually uncomfortable, molestation, fondling, rape, marital rape, forced or harsh sex, sex while asleep or drugged, sex that was confusing or frightening etc.)

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Emotional History

Please check any of the following that you have experienced in your lifetime:

- Abortion
(my own, my mother's, my wife's, or my girlfriend's, etc.)
- Sexual activity outside of marriage
(fondling, 'petting,' pornography, affair, internet with sexual content, masturbation, stimulating sexual organs, prostitutes, strip clubs, Sports Illustrated Swim Suit issue, voyeurism etc.)
- Addictions
(television, internet, sports, food, work, legal/illegal drugs, video games, cutting/self-harm, romance novels, pornography, shopping/clothes, caffeine, excessive washing/cleaning, gambling, chocolate, Facebook/social media etc.)
- Oppression
(demonic nightmares, witchcraft, Wicca, Ouija Board, new age, demonic video games, hearing/seeing/talking with demons, seeing things, secret societies, rituals, cults, psychics, sorcery, dark spirits, intrigued by dark side/spiritualism etc.)
- Other
(if desired, you may explain in the box below)

“

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Depression & Anxiety Assessment

Instructions:

Please fill all the boxes that apply under each category (or HIT)

Genetic*

- Family history of depression or suicide

Developmental*

- Early puberty in girls (menstruation beginning by age 11 or younger)
- History of depression in adolescence
- Not being raised by both biological parents
- Suffered sexual abuse

Nutrition

- Low dietary tryptophan (dairy, meat, vegetables, nuts)
- Low omega-3 fat intake (fish, chia or flax seeds)
- Low folic acid intake (wheat germ, dark leafy greens, citrus fruits, beans, breads, cereals, rice, pastas)
- Low vitamin B intake (eggs, legumes, whole grains, seeds, nuts, fruits, vegetables)
- Diet high in cholesterol, saturated fat, and sugar
- Marked anorexia or bulimia, and weight loss

Social

- Absence of social support
- Negative, stressful life events
- Low social class
- Grandparents who raise grandchildren
- Immediate family member who is an alcoholic or drug addict

Toxic

- High lead levels
- High mercury levels
- High arsenic, bismuth, or other toxin levels

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Depression & Anxiety Assessment

Instructions:

Please fill all the boxes that apply under each category (or HIT)

Circadian Rhythm

- Regular insomnia
- Sleeping more than 9 hours per day routinely
- Sleeping less than 6 hours per day routinely
- Having irregular hours for sleeping and eating

Addictions

- Alcohol
- Smoker or tobacco user
- Heavy caffeine use
- Illicit drug use (such as marijuana)

Lifestyle

- Not on a regular exercise program
- Not regularly being in daylight at least 30 minutes a day
- Rarely breathing fresh air

Medical Conditions*

- Hepatitis C
- Recent head injury
- Stroke
- Heart disease
- Terminal cancer
- Parkinson's disease
- Uncontrolled diabetes
- Postpartum severe stress
- Premenstrual tension syndrome
- Inadequately treated thyroid disease
- Lupus
- Inadequately treated adrenal gland disease

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Depression & Anxiety Assessment

Instructions:

Please fill all the boxes that apply under each category (or HIT)

Frontal Lobe

- On a low carbohydrate diet
- On a high meat or high cheese diet, eating lots of rich foods
- Regular entertainment TV (YouTube, Instagram, Netflix, etc.) viewer or movie watcher
- Entertainment internet or chat internet addiction
- Frequent sexual arousal outside of marriage
- Undergoing hypnosis or Eastern meditation
- No abstract thinking, such as studying scriptures or the Bible
- Going against your conscience

Interpretation:

The brain can often sustain “hits” (or causes) in three “hit” categories and still function well. Once a fourth “hit” category is sustained, depression or another mental disorder will likely result. If one or more boxes apply under each category, this counts as one “hit.” You may count your “hits” to estimate your risk for depression and/or anxiety.

*This hit is not modifiable (genetic, developmental, and some medical causes).

HIT Test belongs to Dr. Neil Nedley

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Health Risks

There are certain inherent risks involved when exercising, cleansing, and detoxifying. In the event that our guests may have either identified or unidentified health problems, it is recommended they consult a physician or other medical health professional. In any event, you acknowledge that Choose Life Abundant, or staff members, are not giving you, or any person who is a guest, medical advice, but rather information for educational purposes only.

Acknowledgement

Date

First & Last Name

Month, Day, Year

If under 18, this form requires the signature of a parent or legal guardian.

Waiver of Claims

By signing or typing your name, dating and submitting this and other release forms, you expressly waive all rights against Choose Life Abundant, and staff members for any damages or liability, and that you, the guest, will assume all risk and full financial responsibility for injury, loss, claim, or other damage however caused that you might incur or suffer while using Choose Life Abundant facility, or taking, of your own choice, the various simple and natural remedies provided.

Acknowledgement

Date

First & Last Name

Month, Day, Year

If under 18, this form requires the signature of a parent or legal guardian.

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Thank you!

We look forward to talking with you soon.