

3-Day Water Fast Clinic Outtake & Acknowledgment Form

Thank you for completing the **3-Day Water Fast Clinic with Dr. Troy Byer and your Mind Champ**. Your feedback is invaluable in understanding your experience and ensuring the program continues to serve participants effectively. This form also serves as a legal acknowledgment of your experience, satisfaction, and informed participation in the program.

Participant Information

- **Full Name:** _____
 - **Email:** _____
 - **Date of Completion:** _____
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Fasting Experience & Goal Fulfillment

1. **Did you complete the full 3-day fast?**
 - Yes
 - No (Please explain why):

2. **What was your primary goal for joining this fast?**
 - Weight loss
 - Mental clarity & focus
 - Emotional healing
 - Spiritual growth
 - Reset metabolism
 - Improve digestion & gut health
 - Detoxification & cellular repair
 - Other: _____
3. **Do you feel you achieved your goal(s)?**
 - Yes, fully
 - Yes, partially
 - No, not at all
 - Please explain your answer:

4. **What benefits did you experience as a result of this fast? (Check all that apply)**
 - Increased energy
 - Mental clarity
 - Emotional breakthroughs
 - Reduced inflammation
 - Weight loss
 - Improved digestion
 - Better sleep

- Spiritual connection
 - Other: _____
5. **Did you experience any physical or emotional challenges during the fast?**
- Yes
 - No
 - If yes, please describe: _____

Legal Acknowledgment & Release of Liability

By signing below, you acknowledge and agree to the following:

- You voluntarily participated in this program and took full responsibility for your health and well-being during the fast.
- You understand that **Dr. Troy Byer and her team of Mind Champs are not medical doctors** and that this program was intended for mental and emotional support only, not for medical treatment or advice.
- You confirm that **you were advised to consult with a medical professional before participating** and took appropriate precautions to ensure your safety..

I confirm that I have read, understood, and voluntarily agree to all terms in this acknowledgment.

Signature (Type Full Name): _____

Date: _____