

Application for PMA Private Membership Program with My Vital Force

My Vital Force, Kari Solomon, hereinafter known as “Association” is a private membership of education and information sharing. The Pastoral Medical Association is hereby known as “PMA”.

The association serves to bring holistic living awareness, support, education and resources to its members. The Association, with PMA, treats members in accordance with holistic principles and provides services and products for no other purpose than the total well being of its members. The Association does not diagnose, prescribe or provide any service or product which requires a license unless specifically licensed to do.

I understand members of the Association come together to help each other achieve better health and live longer with good quality of life, and that members accept the goals of helping their body function better and choosing options that are both safe and have a reasonably good chance to succeed, realizing that no diagnostic technique or treatment is foolproof.

My Vital Force, Kari Solomon, a pastoral science & medicine practitioner is a professional trained in one or more of the physical, mental or spiritual aspects of health that is licensed by the PMA. Pastoral Science & Medicine means; care and guidance using healing phenomena observed, experienced and recorded (science) over centuries, utilizing the Creator’s word, prayer and indigenous sacred natural agents and therapies to cure, heal, make whole, free from errors and sins and to bring about one's salvation.

I fully understand that those who counsel me at My Vital Force are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

I also understand that Kari Solomon does not prescribe, diagnose, treat, cure, prevent or heal disease or make any claims thereof. I hereby acknowledge receipt of the “Member Share Agreement” required to join the Association, in print, by email, or online.

My own personal body may have the ability to heal itself and I am choosing my own actions to facilitate a healing of my own body. I hereby choose to become a member of the Association.

I also release My Vital Force, Kari Solomon, any employees, officers, owners and representative from any past, present or future health related liability issues. I consent to participate in this education about my body.

I include in my membership the members of my family, dependents, and any pets as listed herein.

Date_____

Signed_____

Printed
Name_____

Please list immediate family members and date of birth. Also, any pets.

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