



**SPECIAL WAIVER FOR PERSONS ENROLLING IN THE NARCONON PROGRAM WHO HAVE TAKEN PSYCHIATRIC MEDICATIONS OR BEEN TEMPORARILY INSTITUTIONALIZED**

I, A [REDACTED] THE UNDERSIGNED PARTICIPANT DO  
PRINT ENTIRE NAME  
 UNDERSTAND AND AGREE THAT I HAVE TAKEN PSYCHIATRIC MEDICATION AND/OR BEEN TEMPORARILY INSTITUTIONALIZED. I DO HEREBY AGREE TO THE FOLLOWING POINTS:

- 1) THAT I WILL STAY AT NARCONON UNTIL I HAVE FULLY COMPLETED THE NARCONON PROGRAM;
- 2) THAT I WILL FOLLOW THE RULES AND REGULATIONS OF NARCONON AS WELL AS FOLLOW ANY INSTRUCTIONS THAT ARE GIVEN BY NARCONON STAFF;
- 3) THAT I HEREBY WAIVE ANY RIGHT TO REFUND (DEFINITION: REFUND - REQUESTING ANY OR ALL MONIES BE RETURNED AFTER SERVICES HAVE BEEN GIVEN); AND
- 4) THAT I WILL NOT ATTACK NARCONON OR ANY NARCONON PERSONNEL DURING OR AFTER MY PARTICIPATION IN THE NARCONON PROGRAM.

I FURTHER UNDERSTAND THAT THIS SIGNED AND AUTHORIZED WAIVER IS BEING GIVEN FREELY AND WITH NO THREAT OR DURESS FROM ANYONE INSIDE OR OUTSIDE THE NARCONON FACILITY.

FURTHER, I HEREBY AGREE THAT I AM PARTICIPATING IN THE NARCONON PROGRAM COMPLETELY OF MY OWN VOLITION AND WITH THE AGREEMENT OF MY FAMILY. I AGREE THAT I AM TOTALLY RESPONSIBLE FOR MY OWN CONDITION AND THE CONSEQUENCES OF MY ACTIONS.

[Signature]  
 PARTICIPANT'S SIGNATURE

1/15/08  
 DATE

[Signature]  
 WITNESSED BY (STAFF MEMBER SIGNATURE)

1/15/08  
 DATE

Drug and Alcohol Education and Rehabilitation Services  
 1810 West Ocean Front • Newport Beach CA 92663 • (949) 675-8988 • Fax (949) 675-8991  
[www.addictionca.com](http://www.addictionca.com)

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