

Personal Testimonial Form

Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Date you began taking the product: _____ Date of this report: _____

Please describe in detail your experience with this product, including how this product has influenced your health and any medical conditions you may have. Feel free to include information from the Chart Progress forms included on our website at OptimalNutrition.Com. If you include photographs, they must be dated and have your name on them. Please include any behavioral modification that you used during this time (diet, exercise, etc.). If you need more room, feel free to use additional sheets of paper.

We appreciate your feedback! This testimonial should be mailed to Life Energy And Nutrition, 1698 Market St. #162 Redding, CA 96001 or faxed to (530) 275-9151.

I hereby warrant that the above testimonial is truthful and grant to Life Energy And Nutrition the exclusive rights to use my personal testimonial ("testimonial") related to body composition changes and other health related experiences, and all editorial control related thereof and that is necessary or appropriate to create, modify, distribute and display the testimonial as provided in this Release, without obligation of Life Energy And Nutrition to so include the testimonial in any promotional materials. All documents, text, photographs and pictures and other materials ("materials") of authorship afforded to Life Energy And Nutrition related to the testimonial shall become the sole property of Life Energy And Nutrition and its licensors. I understand that this release does not imply the existence of or agreement to any other form of business arrangement or agreement unless otherwise specified herein and neither party shall purport otherwise. I hereby release and forever discharge Life Energy And Nutrition and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed agencies, their directors, officers, agents and employees from all claims of every kind on account of such use. I understand that I am not entitled to any compensation for the use of my identity and/or materials related to my testimonial.

Signature _____

Witness _____