

BEAUTY SAVING THE WORLD AUTHORIZATION

Name: _____
DOB: _____
Address: _____
City: _____ zip: _____
Phone: _____
Email: _____



CURRENT PHOTO

I hereby grant Beauty Saving The World Authorization to check in _____ in to the Designated Drug Rehabilitation center.

Legal Name on Passport Document or ID _____. And Number _____

Date of Arrival: _____ 20 ____.

_____ I understand that I will be admitted into this Drug Rehabilitation Center project for 6 months from the date or check in.

_____ I understand once that i am checked in the Drug Rehabilitation Center Beauty Saving The World has full filled its obligation for the donation and all that all payments for services to the facility are paid in full.

_____ I understand that Beauty Saving The World will contact family, friend the info about your location for visiting and contact.

Supply Contact Info: PRINT CLEARLY

Name _____ Phone _____ Email _____ @ _____

Name _____ Phone _____ Email _____ @ _____

Name _____ Phone _____ Email _____ @ _____

Name _____ Phone _____ Email _____ @ _____

_____ I understand that I am going to a safe and secure Facility in Mexico and will return to your home destination after the 6 month Rehabilitation safe and sound.

_____ I understand I will not be released before this date. _____ 20 ____.

_____ I understand and agree once my payment is made there is no refund.

RESPONSIBILITY:

Beauty Saving The World has made arrangements with the chosen Drug Rehabilitation Center and maybe other independent parties to provide you with the services you donated. These parties are independent suppliers over whom we have no direct control. We are not responsible for any claims, losses, damages, costs or expenses arising out of injury, accident or death; damage, loss or delay or other property; or delay, inconvenience, loss of enjoyment, upset, disappointment, distress or frustration, whether physical or mental, resulting from (1) the act or omission of any party other than BSTW or its employees; (2) mechanical breakdown, government actions, weather or other factors beyond our control; (3) failure to obtain documents, passports, visas and health certificates valid through the date of reentry, when required, in which case a cancellation charge will be assessed; (4) failure to follow instructions including but not limited to check-in and checkout times and baggage handling; (5) cancellation or change for any reason in the travel services offered; and (6) medical or health problems or physical disabilities. Beauty Saving The World reserves the right to cancel or alter the travel services at its discretion, except as otherwise noted herein. In the event of a change, Beauty Saving The World will try to substitute comparable services; in the event of complete cancellation by Beauty Saving The World we shall refund all monies paid to us. Beauty Saving The World will not be responsible for any other cost incurred by participants.

SIGNATURE _____ DATE: _____