

Texas Institute for Homeopathy

STATEMENT OF UNDERSTANDING
AND INDEMNIFICATION NO. 2

1. I, _____, understand that as a student of the Texas Institute for Homeopathy (TIH) I am subject to and have agreed to abide by the policies of the TIH as established by the Executive Director and the Board of Directors. I also understand that I am bound by all applicable state and federal laws and regulations concerning the practice of homeopathy, the dispensing of remedies or prescriptions and the practice of the medical arts in general and that I bear sole responsibility.

2. Therefore, IN CONSIDERATION FOR BEING PERMITTED TO REMAIN IN THE COURSE OF STUDY OF THE TEXAS INSTITUTE FOR HOMEOPATHY FOR WHICH I AM CURRENTLY ENROLLED, I understand and promise that I WILL BEAR ALL RESPONSIBILITY FOR ANY TREATMENT, REMEDY OR MEDICAL ADVICE THAT I DISPENSE, SUBJECT TO THE RIGHTS AND REQUIREMENTS OF ANY LICENSE GRANTED BY ANY STATE OR FEDERAL GOVERNMENT OR LICENSING AUTHORITY. FURTHERMORE, I WILL INDEMNIFY AND HOLD HARMLESS THE TEXAS INSTITUTE FOR HOMEOPATHY, ITS OFFICERS AND DIRECTORS, FROM ANY LIABILITY WHATSOEVER INCURRED AS A RESULT OF MY ACTIONS, ADVICE OR RECOMMENDATIONS.

3. Finally, I understand that if I fail to comply with my statement made in this document, I will not be permitted to continue my studies with the TIH and will not be entitled to any refund of tuition or any other reimbursement.

This statement is read, understood and signed by,

_____, on this, the ____ day of

_____, 20__