



Adventures in Weightloss Pty Ltd

phone 1300 657 207
fax +61 7 3368 2266
int. +61 7 3368 2244

adventuresweightloss.com.au



100% Money Back Guarantee REFUND APPLICATION FORM

**We are so sure that this program will work for you that we guarantee you will lose:
At least 10 kilos in no more than 12 weeks. ***

**Should you need to lose less than 10 kilos, we guarantee that this will take no longer than
12 weeks. ***

Validation of this guarantee exists under the following terms and conditions. You must:

1. Follow the meal plan exactly as given.
2. Follow the detoxification rules exactly.
3. Take the appropriate supplements regularly and for the duration of the weight loss process.
4. Use the members website each week to accurately upload your physical activity, weight and measurements.
5. Speak with your consultant every week to report on your results, ask any questions and gain feedback.
6. Have 6 weekly blood tests on time for the duration of weight loss.

If you follow those steps and do not lose the weight, Adventures in Weightloss will refund your money.

It's that easy to get guaranteed, healthy results.

** Based on your blood test results and medical questionnaire and being accepted to participate in the AWL program.*



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If you feel that you have addressed the criteria for a refund for the AWL Program, please fill out the details below and return to our office for consideration by the Directors at your earliest convenience. You will be assigned a Guarantee Refund Tracking number and all communication from this point forward will be in writing.

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Date of application: _____

Paid: Full Payment Plan Date: _____

1st Pathology Test: _____

2nd Pathology Test: _____

3rd Pathology Test: _____

Received meal plan from Dr Ryan: _____

1st phone meeting with consultant: _____

Please answer each question and comment as you feel necessary.

Did you follow the meal plan exactly as given? _____

Did you follow the detoxification rules exactly? _____

Did you take the appropriate supplements regularly and for the duration of the weight loss process?

Did you use the members' website each week to accurately upload your physical activity, weight and measurements?

Did you speak with your consultant every week to report on your results, ask any questions and gain feedback?

Did you have 6 weekly blood tests on time for the duration of weight loss?

Was your plan altered in any way under the direction of Dr Ryan? If so, did you follow these changes and what was the result of these changes?

When did you first bring a lack of weight loss results to the attention of the Adventures in Weightloss Head Office?

Please describe your experience regarding weight loss on this program, bringing to the attention of Dr Ryan, any medical information that is relevant.

Please add further comments on an additional page if you wish.

The information given on this application is correct in full.

Name: _____ Signature: _____

Date: _____

Please email to info@adventuresweightloss.com, fax to 07 3368 2266 or send to PO Box 1438, Milton QLD 4064. Your application will be reviewed by our Directors and you will receive a reply in writing once a decision is finalized.