

Testimonial Submission

Dear Valued Distributor

We would like you to share your personal testimonial and experience of Nu Skin products by completing the testimonial sharing form. Your sharing will help others to improve their health to live better longer.

Distributor's Salutation and Name	Distributor's I.D. Number
Distributor's Mobile/Contact Numbers	Distributor's Email Address
Gender	Birth date, Age and Profession
Referred by Executive Name, ID, Contact Number	ers, E-mail Address:
Product(s) You Would Like To Share: (ageLOC LifePak [®] , g3 [™] , ReishiMax GLp [®] , Tegreen 97 [®] , Tr Transformation Set)	Galvanic Spa [™] II System, , 180 [®] System, ru Face [™] Essence Ultra, and ageLOC [™]
 Please share with us your personal testimonial of how the product(s) help specifically compared to other brands, if any You may state the differences or changes you exerg. your skin or health condition and well-being. 	•



PLEASE AFFIX PICTURES HERE OR ATTACH SOFT COPIES IN JPEG FORMAT

BEFC	DRE	AFTER	1
Date:		Date:	
*Height:		*Height:	
*Weight (kg):		*Weight (kg):	
*Body fat %:		*Body fat %:	
*Arm (cm):		*Arm (cm):	
*Waist (cm)		*Waist (cm)	
*Abdomen (cm):		*Abdomen (cm):	
*Hip (cm)		*Hip (cm)	
*Thigh (cm)		*Thigh (cm)	
Skin Carotenoid Score		Skin Carotenoid Score	

*Note: Information required for submission of TRA testimonials only.

Please return the completed form together with the Letter of Consent and Authority to Nu Skin Enterprises Philippines, Inc. 15/F Octagon Center, #41 San Miguel Avenue, Ortigas Center, Pasig City 1605 Philippines through your WIC CSRs, Account Managers or Senior Product Trainer. Thank you.



Part II

Date:

Letter of Consent and Authority

To: Nu Skin Enterprises Philippines, Inc.		
I,, being of lawful age, hereby declare that I have read the		
attached testimonial [please attach and sign on each page] (including but not limited to m		
name, photos, professional title(s) and affiliation(s), likeness and statements) (the "Testimonial"		
fully understand and approve of its contents which describe accurately my experience with usin		
Nu Skin and/or Pharmanex products.		
I hereby irrevocably consent and authorise Nu Skin Enterprises Philippines, Inc., together with it		
parent company, its affiliated companies and related entities and all of their agents, officers		
directors and employees (hereinafter collectively the "Nu Skin Group") to have the right to use		
all times my name, photos, professional title(s) and affiliation(s), likeness and statement		
(including but not limited to the Testimonial) in connection with my sharing of experience in using		
Nu Skin and/or Pharmanex products for all purposes and in all forms, whether or not in the form		
of publication in videos, VCDs, DVDs, Nu Skin Group's magazines and websites.		
Also, I hereby authorize that all rights and benefits acquired by Nu Skin Group hereunder sha		
apply throughout the world. For the avoidance of doubt, I hereby waive my rights against Nu Sk		
Group of and from any and all fees, expenses and compensation, and any and all other causes action whatsoever arising out of or resulting from whatever use of my name, photos, professions		
title and affiliation(s), likeness and statements (including but not limited to the Testimonial). I sha		
hold Nu Skin Group free and harmless from any liability arising from claims or suits of third partie		
including costs and expenses incidental thereto, in connection with the use of the Testimonial.		
I understand that this Letter of Consent and Authority supersedes all other agreements and/o		
understandings, both verbal and written, regarding the Testimonial and that there is no guarante		
that the Testimonial will be used in any production, publication or broadcast.		
Signed by :		
Full Name :		
Complete Address :		
Distributor ID #:		