

REGISTERED DIETITIAN

**Release of Liability for Receipt of Nutrition Information and
Waiver of Claims Arising From Receipt of Nutrition Information
Disclaimer**

The nutrition information provided by _____ is designed for and solely intended to be suggestions, which may voluntarily be implemented into the diet of the person whose signature appears below (“the client”). Use of any nutrition information provided is voluntary and each user is solely responsible for their voluntary choice to implement the dietary suggestions. It is the sole responsibility of the client to provide complete and accurate information. Any misinformation or omitted information may affect the nutritional assessment or advice. Any misrepresented information is solely the client’s responsibility and _____ will not be liable.

Initials _____

The Registered Dietitian provides nutrition consulting and recommendations only and is not licensed to diagnose a medical condition or illness. The client must consult a physician for any medical advice.

Initials _____

Acknowledgement of Purchase

I, _____, through the purchase of Registered Dietitian sessions, have agreed to participate voluntarily in a nutrition program under the guidance of _____, Family Wellness, its authorized agents, employees, and contractors (“Registered Dietitian”).

Initials _____

Waiver and Release of Liability

I have volunteered to participate in a wellness program under the direction of (_____), which will include, but may not be limited to nutritional planning. In consideration of my Registered Dietitian’s agreement to assist me, I do here and forever release and discharge and hereby hold harmless the Registered Dietitian and his/her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in any nutrition program including any injuries resulting there from.

Initials _____

Assumption of Risk

Family Wellness recommends you consult your physician before undertaking any diet or exercise program. By implementing the suggestions provided by the Registered Dietitian the client is affirming that she or he has consulted with a medical doctor and has been cleared to implement the suggestions. Any nutrition information provided is not intended to diagnose, treat, cure or prevent any type of disease or condition. If you need specialized dietary planning to treat, cure, or prevent any type of disease or condition, you should consult with your medical doctor. If I am pregnant or lactating, have high cholesterol, high blood pressure, high blood sugar, diabetes, renal disease, have had gastric bypass surgery, or currently have (or have had in the past) any other medical condition that requires special dietary restrictions, I must receive permission from my physician before participating in the wellness program, or may be advised to seek help from another health professional. I recognize that specific foods may create allergic and possible fatal reactions. I have therefore specified any food allergies/sensitivities I am aware of on the Health History & Lifestyle Questionnaire. I am aware that specific foods may interact with certain medications. I have therefore specified all prescription and OTC medications on Health History & Lifestyle Questionnaire, and have discussed the side effects of all of my medications with my doctor or pharmacist. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this wellness program. I understand that results are individual and may vary.

Initials _____

Signature of client/individual: _____

Printed Name: _____ **Date:** _____

Client/Registered Dietitian Agreement

By signing this agreement, I am agreeing to the following terms of Family Wellness:

- Full Payment is required prior to each session used. Clients will be required to have a card on file to enable Family Wellness to charge your account if session is not paid beforehand.
- Discounted prices are applicable only if I pay for multiple sessions in full prior to my first appointment using those multiple sessions. I will be charged for a cancelled appointment unless I notify Family Wellness of cancellation at least 24 hours prior to the scheduled time. If I am late for my appointment, I agree that the lost time will be forfeited, but I will be charged for that session.
- I understand that Family Wellness will try to accommodate preferences for certain appointment times and specific Registered Dietitian requests, but cannot guarantee availability due to other appointments, scheduling conflicts, and other factors.
- I understand that the staff and/or instructor will not be held responsible for any injuries, illnesses, or expenses from my participation, especially if I have neglected to disclose known medical condition or similar information about myself that might affect my ability to participate.
- In signing below, I agree to the above conditions as well as other policies of the facility. I also acknowledge that I have received and understand the Consent and Release form from Family Wellness.
- If client is a “no show,” after 15 minutes without 24 hour prior verbal or written notice the client will be charged for that session.
- Registered Dietitian and clients are expected to confirm meeting times so there is no misunderstanding.
- Registered Dietitian sessions expire one year from date of purchase.

Participant's Name _____ Date: _____
please print clearly

Participant's Signature _____ Date: _____

Registered Dietitian's Name _____ Date: _____
please print clearly

Registered Dietitian's Signature _____ Date: _____