This form is an important legal document. It explains the risks you are assuming by starting a nutrition program. It is critical that you read and understand it completely. After you have done so, please print your name, email address, and date in the spaces below.

**THIS DISCLAIMER** is entered into and effective on the confirmed start date as established in contract by and among Vinny Russo (the “Nutrition Coach”); and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who hereafter becomes a client / participant hereto pursuant to the provisions hereof.

**Disclaimer**
The nutrition advice given by the Nutrition Coach, is based on the information provided by the client / participant. The nutrition information given is meant only for the client / participant completing the forms. It is the sole responsibility of the client / participant to provide complete and accurate information. Any misinformation or omitted information may affect the nutritional/ assessment / advice. Any misrepresented information is solely the client’s / participant’s responsibility and the Nutrition Coach, will not be liable. The Nutrition Coach provides nutrition consulting and recommendations only and is not licensed to diagnose a medical condition or illness. The participant must consult a physician for any medical advice.

**Waiver and Covenant Not to Sue**
I have volunteered to participate in a wellness program and possible follow-ups under the direction of the Nutrition Coach which will include, but may not be limited to nutritional planning. In consideration of the Nutrition Coach agreement to assist me, I do here and forever release and discharge and hereby hold harmless Nutrition Coach 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.

**Assumption of Risk**
I recognize that specific foods may create allergic and possible fatal reactions, most specifically, products containing nuts. I have therefore specified any food allergies/ sensitivities I am aware of on the "Nutritional Guidance" form. I am aware that specific foods may interact with certain medications. I have discussed the side effects of all of my medications with my doctor or pharmacist. I also understand the wellness information I receive will not take my medications into consideration unless I choose to list my medications on the "Nutritional Guidance" form. If I am pregnant or lactating, have high cholesterol, high blood pressure, high blood sugar, diabetes, renal disease, gastric by-pass surgery or any other medical condition that requires special dietary restrictions, I must receive permission from my physician before participating in the nutrition program, or may be advised to seek help from another health professional.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this nutrition program. I understand that results are individual and may vary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Participant Printed Name of Participant

***If participant is under the age of 18:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Parent or Guardian Printed Name of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Nutrition Coach Printed Name of Nutrition Coach

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date