



## Informed Consent – Wellness Program

I hereby agree to be a participant in a \_\_\_\_\_ program designed by \_\_\_\_\_ . I acknowledge that I have been highly recommended to have a physical exam by a licensed physician prior to starting a nutrition and/or exercise program.

I hereby affirm that I am in good physical health and do not suffer any disability that would prevent or limit my participation in this nutrition and/or exercise program or cause or aggravate an existing medical/injury condition.

In consideration of my participation in this nutrition and/or exercise program for myself, my heirs and assigns, hereby release \_\_\_\_\_, Body Synergy, and owners from any claims, recommendations, and causes of action arising from my participation in the nutrition and/or exercise program.

I acknowledge that \_\_\_\_\_ is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.

I fully understand that illness, injury, or other health related complications up to and including death, accidental or otherwise, may occur to me as a result of participating in the nutrition and/or exercise program.

I hereby release \_\_\_\_\_, Body Synergy, and owners from any liability now or in the future including, but not limited to, illness, injury, or death however caused occurring during, or after my participation.

I acknowledge that I have been highly recommended to stop/cease participation if I experience health problems including, but not limited to, digestive problems, abnormal blood pressure, shortness of breath, dizziness, or chest pain and see a licensed physician.

This nutrition and/or exercise program is educational and informational only and assumes no responsibility for the correct or incorrect use of the information. Any information provided and any recommendations made should not be used to, nor are they intended to, diagnose, treat, cure or prevent any existing or future disease and/or medical condition. No attempt should be made to use any information provided as a form of treatment for any specific condition or disease without the approval and guidance of a licensed health physician.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_