

Assumption of Risk and Release of Liability

I hereby acknowledge and agree:

1. The purpose of integrative health coaching is to identify and make nutrition and lifestyle changes through the use of whole foods and education to improve overall health and well-being. The **Certified Integrative Health Coach, Cheryl Englebretson**, does not diagnose, treat, cure, or prevent any diseases, disorders or conditions.
2. The **Certified Integrative Health Coach, Cheryl Englebretson**, is not a licensed Dietitian, Nutritionist or Medical Physician.
3. As part of the integrative health coaching service, I may be asked to provide information concerning my physical habits, medical history, moods, energy levels, likes and dislikes, lifestyle and diet. This information is collected to enable the **Certified Integrative Health Coach** to: (i) assess my knowledge of nutrition, (ii) educate me about the benefits of sound nutritional and lifestyle practices and (iii) recommend dietary changes to improve my general health, vitality and overall well-being. The **Certified Integrative Health Coach, Cheryl Englebretson** will hold this information in confidence and will not release or disclose this information to any other person, without my prior consent, except as required by applicable law.
4. If the **Certified Integrative Health Coach, Cheryl Englebretson**, suspects the existence of disease, disorder or condition, I will be informed of this suspicion. However, I acknowledge this is not a diagnosis or conclusion about the state of my health and that I am directed to promptly consult a licensed Physician or other health professional about any suspected problems.
5. Should I request the **Certified Integrative Health Coach, Cheryl Englebretson**, to recommend dietary changes and/or nutritional supplements to enhance my body's natural ability to resist and/or overcome a known disease, disorder or condition, it is my responsibility to disclose the nature of the disease, disorder or condition and all other relevant details to the **Certified Integrative Health Coach, Cheryl Englebretson**. If I have not previously consulted a licensed Physician or health professional about this disease, disorder or condition, I acknowledge that I am directed to promptly do so. I am not to alter or discontinue treatments prescribed by a licensed Physician or other licensed health professional without consulting the individual who prescribed the treatment.
6. In providing health coaching services to me, the **Certified Integrative Health Coach, Cheryl Englebretson**, is relying upon the truth, accuracy and completeness of all information I have provided to her. Any recommendations I follow for changes in diet, including the use of nutritional supplements, are entirely my responsibility.
7. **Cheryl Englebretson** is in no way liable for my health or safety.
8. In consideration of my participation in the integrative **Health Coaching Services**, I hereby accept all risk to my health, including injury or death that may result from such participation and I hereby release the **Certified Integrative Health Coach, Cheryl Englebretson**, on my behalf and on behalf of my personal representatives, estate, heirs, next of kin, and assigns from any and all costs, claims, causes of action and

damages arising from any and all illness or injury to my person, including my death, that may result from or occur as a result of my participation in the **Health Coaching Services**, whether caused by negligence or otherwise.

9. 48 hours is required for canceling appointments. Appointments canceled within 48 hours of your appointment time will be billed to you at 100%.

10. I accept that the ultimate responsibility for my health care is my own and that **Real Food Well** is here to support me in this. I understand that my practitioner reserves the right to determine which cases fall outside their scope of practice, and an appropriate referral will be recommended. I hereby agree to assume full responsibility for any manner of loss, injury, claim or damage whatsoever, known or unknown, incurred as a result of same and I, my heirs, executors, administrators or assigns for any loss, injury, claim or damage sustained as a result of my attendance and/or participation. I have read the above release and waiver of liability, and fully understand its contents and voluntarily agree to the terms and conditions stated.

Client Signature

I HAVE CAREFULLY READ THIS AGREEMENT AND AGREE TO THE TERMS OUTLINED ABOVE. I UNDERSTAND THIS AGREEMENT TO BE A FULL AND FINAL RELEASE OF ALL COSTS, CLAIMS, CAUSES OF ACTION AND DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH THE INTEGRATIVE HEALTH COACHING SERVICES.

Signature:

Date:

Client Signature & Date