

LIABILITY FORM FOR NUTRITION SERVICES

This form is an important legal document. It explains the risks you are assuming beginning a diet 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.

Disclaimer

The nutrition advice given by John Smothers is based on the information provided by the client. The nutrition information given is meant only for the client completing the forms. It is the sole responsibility of the client to provide complete and accurate information. Any misinformation or omitted information may affect the nutritional assessment and advice given. Any misrepresented information is solely the client's responsibility, and John Smothers will not be liable. John Smothers provides nutrition and wellness counseling only and is not licensed to diagnose a medical condition or illness. The State of Tennessee does not recognize the licensure for naturopath doctors. John Smothers is not practicing as a naturopath doctor; therefore his practice is limited to the area of health and wellness counseling. John Smothers will be making wellness suggestions to help the client improve his or her health during the appointment. The suggestions are by no means a prescription. The client must consult a physician for any medical advise.

Waiver and Covenant Not to Sue

I, _____, the client, have volunteered to participate in a diet, wellness, and hormone optimization program under the direction of John Smothers, which will include, but may not be limited to diet planning. In consideration of John Smothers' agreement to assist me, I do here and forever release and discharge and hereby hold harmless John Smothers and the Integrative Wellness & Research Center, Inc., Cool Springs Family Medicine 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 therefrom.

Payment

The client agrees to pay reasonable attorney fee and cost if collection procedures are necessary.

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 or sensitivities I am aware of on the "diet profile" 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 diet plan I receive will not take my medications into consideration unless I choose to list my medications on the "diet profile" 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 else I 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 program. I understand that results are individual and may vary.

Signature of client/ individual:

Printed Name/ Date/Email:
