

Sample Client Agreement & Release Statement

[Company name] focuses on [add company description. Example: wellness and prevention of illness through the use of nutritional therapies and coaching techniques to achieve optimal health]. [Company name] primarily [add description. Example: guides, assists, educates and supports clients to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet].

I understand that *[name]* is not a physician. They received their *[add credentials and dates]*. The scope of their consultation services does NOT include diagnosis or treatment of specific illnesses or disorders. As such, *[company name]* will not be held liable for failure to diagnose or treat an illness, nor will it be liable for failure to prevent future illness.

It is understood, that if I, *[enter client name]*, suspect I may have an ailment or illness that may require medical attention, then I will consult with a licensed physician without delay. Only a licensed physician can prescribe drugs. Any mention of drugs in the course of this consultation is solely for the purpose of providing a complete history of drugs that the client is taking and not for *[name]* to judge the appropriateness of the medication. Any change in prescription or dosage is the decision I, *[enter client name]*, make with my physician.

While people generally experience greater health and wellness as a result of embracing a healthier attitude, lifestyle, and diet, *[enter name]* does not promise or guarantee protection from future illness.

By signing below, I, *[enter client name]*, agree to accept and pay for consultation services mutually decided upon by myself and *[company name]*. This agreement is being signed voluntarily.

Printed Client Name

Email Address

Address

City

State

Zip Code

Cell Phone

Other Phone (Specify)

Client Signature

Date



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