

Kiss Your Food, LLC

Assumption of Risk and Release of Liability

I hereby acknowledge and agree:

1. The purpose of Health Coaching is to improve the overall health, vitality, and well-being of the body through the use of natural foods and lifestyle changes. The **Family Nutrition Coach, Kate Cleveland**, does not diagnose diseases, disorders, or conditions.
2. The **Family Nutrition Coach, Kate Cleveland**, is not a licensed Dietitian, Naturopathic Doctor, or Medical Physician.
3. As part of the Health Coaching Services, I may be asked to provide information concerning my physical habits, medical history, moods, energy levels, likes/dislikes, lifestyle and diet. This information is collected to enable the **Family Nutrition Coach** to: (i) assess my current knowledge and level of well-being, (ii) educate me about the benefits of sound nutritional practices and (iii) facilitate discussion to improve my general health, vitality, and overall well-being. The **Family Nutrition Coach, Kate Cleveland** 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 **Family Nutrition Coach, Kate Cleveland**, 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 Naturopath about any suspected problems.
5. Should I request the **Family Nutrition Coach, Kate Cleveland**, 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 **Family Nutrition Coach, Kate Cleveland**. If I have not previously consulted a licensed Physician or Naturopath 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 Naturopath, Physician, or other licensed health professional without consulting the individual who prescribed the treatment.
6. In providing Health Coaching Services to me, the **Family Nutrition Coach, Kate Cleveland**, is relying upon the truth, accuracy, and completeness of all information I have provided to her. Any recommendations I follow for changes in diet or lifestyle are entirely my responsibility.
7. **Kate Cleveland** is in no way liable for my health or safety.
8. In consideration of my participation in the 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 **Family Nutrition Coach, Kate Cleveland**, 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. **%24 hours%** is required for cancelling appointments. Appointments cancelled within **%24 hours%** of your appointment time will be billed in full.

10. I understand that any lifestyle changes I implement while a client of **Kiss Your Food, LLC** are undertaken of my own free will. I accept that the ultimate responsibility for my health care is my own and that **Kiss Your Food, LLC** is here to support me in this. I understand that my coach reserves the right to determine which cases fall outside their scope of expertise, in which event 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 **HEALTH COACHING SERVICES**.

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Print Name: **Date:**