



ALISHA LORINCZ, R.D.N. RELEASE OF LIABILITY FOR RECEIPT OF NUTRITION INFORMATION AND WAIVER OF CLAIMS ARISING FROM RECEIPT OF NUTRITION INFORMATION

DISCLAIMER

The nutrition information provided by Alisha Lorincz, R.D.N. is designed for and solely intended to be suggestions which may voluntarily be implemented into the diet of the person whose signature appears below ("the client"). Use of any nutrition information provided is completely voluntary and each user is solely responsible for their voluntary choice to implement the dietary suggestions. It is the sole responsibility of the client to provide complete and accurate information. Any misinformation or omitted information may affect the nutritional assessment or advice. Any misrepresented information is solely the client's responsibility and Alisha Lorincz, will not be liable.

Alisha Lorincz, R.D.N. provides nutrition consulting and recommendations only and is not licensed to diagnose a medical condition or illness. The client must consult a physician for any medical advice.

WAIVER AND COVENANT NOT TO SUE

I have volunteered to participate in a wellness program under the direction of Alisha Lorincz, R.D.N. which will include, but may not be limited to nutritional planning, lifestyle and behavior modification, functional lab testing, exercise programming, and supplementation regimens. In consideration of Alisha Lorincz, R.D.N.'s agreement to assist me, I do here and forever release and discharge and hereby hold harmless Alisha Lorincz, R.D.N. and 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 there from.

ASSUMPTION OF RISK

Alisha Lorincz, R.D.N. recommends you consult your physician before undertaking any diet, supplement, or exercise program. By implementing the suggestions provided by Alisha Lorincz R.D.N., the client is affirming that he or she has consulted with a medical doctor and has been cleared to implement the suggestions.

Any nutrition information provided is not intended to diagnose, treat, cure or prevent any type of disease or condition. If you need specialized dietary planning to treat, cure, or prevent any type of disease or condition, you should consult with your medical doctor.

If I am pregnant or lactating, have high cholesterol, high blood pressure, high blood sugar, diabetes, renal disease, have had gastric bypass surgery, or currently have (or have had in the past) any other medical condition that requires special dietary restrictions, I must receive permission from my physician before participating in the wellness program, or may be advised to seek help from another health professional.

I recognize that specific foods may create allergic and possible fatal reactions. I have therefore specified any food allergies/sensitivities I am aware of on the client intake form. I am aware that specific foods may interact with certain medications or supplements. I have therefore specified all prescription, OTC medications, and supplements on the client intake form, and have discussed the side effects of all my medications with my doctor or pharmacist.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this wellness program. I understand that results are individual and may vary.

Signature of client/individual: _____

Printed Name: _____ Date: _____

Email address: _____