



NATURALLY NOA

Because real health starts from within

Nutrition Counseling Waiver

I acknowledge that I am aware that Naturally Noa and its members are not medical doctors and do not diagnose disease. I also acknowledge that I have been advised to consult a Physician before undergoing any dietary or food supplement changes. I also affirmatively state that I have disclosed any and all known medical or genetic conditions, medications I use, and any significant personal or family medical history. Any recommendations that I follow for changes in diet, including but not limited to the use of food supplements, are entirely my choice and my responsibility. I am knowingly assuming any risk associated with nutritional counseling.

In consideration of my participation in nutrition counseling, I hereby accept all risk to my health and of my injury or death that may result from such participation, and I hereby release Naturally Noa, its members, officers, agents, employees and independent contractors from any liability whatsoever to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness, injury or other harm to my person, including my death, that may result from or occur during my participation in nutrition counseling, whether caused by the sole or concurrent negligence of Naturally Noa, its members, officers, agents, employees and independent contractors. I further agree to indemnify and hold harmless the Naturally Noa, its members, officers, agents, employees, and independent contractors, to the fullest extent permitted under law, from any and all liability for the injury or death of any person(s) and property damage that may result from my negligent or intentional act or omission while participating in the described nutrition counseling session.

Please check with your doctor before adding new supplements; this is NOT medical advice.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN NUTRITION COUNSELING AND OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Cindy Colón

Name

NOV -15 -2023

Date