



## Waiver of Liability and Acknowledgement of Client Responsibility: Nutrition Coaching

**DECLARATIONS:** This Agreement is entered into between nutrition coach Leanna Grenier “L.G. Fitness” (“Coach”) and you the undersigned (“Client”). The provision of nutrition coaching services by Coach to Client, and Client’s use of any premises, facilities or equipment are contingent upon this Agreement.

**ASSUMPTION OF RISK:** You, the Client, acknowledge that you are aware that Leanna Grenier and L.G. Fitness, LLC, its members, officers, agents, employees and independent contractors are not medical doctors or registered dietitians and do not diagnose disease or prescribe medications or diets. Leanna Grenier is not a physician or psychologist, and the scope of her nutrition counseling does not include treatment or diagnosis of specific illnesses or disorders.

You also hereby also acknowledge that you have been advised to consult a physician before undergoing any dietary or food supplement changes, and assume all risk if you choose not to and acknowledge you could be refused coaching if it is deemed a safety risk by the Coach. You are aware that you should see the appropriate medical professional should a need arise, including any changes to medications or dosage. You are knowingly assuming any risk associated with nutritional counseling and acknowledge the advice of a physician or psychologist supersedes any advice you receive in coaching.

You also affirmatively state that you have disclosed any and all known medical or genetic conditions, medications you use, and any significant personal or family medical history. Any recommendations that you follow for changes in diet, including but not limited to the use of food supplements, are entirely your choice and your responsibility. You acknowledge that any nutrition counseling you receive from the Coach is intended as advice and information, and not as a prescription or diagnosis.

You acknowledge that Client results are not guaranteed and understand that you are an active participant in your success or lack thereof. You have been made aware there is no guarantee or warranty for results and no representations as such have been made. You acknowledge your Coach has the right to refuse service for any reason.

**RELEASE AND INDEMNIFICATION:** In consideration of your participation in nutrition coaching, you hereby accept all risk to your health and of injury or death that may result from such participation and you hereby release Leanna Grenier and L.G. Fitness, LLC, its members, officers, agents, employees and independent contractors from any liability whatsoever to you, your personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to your property and for any and all illness, injury or other harm to your person, including your death, that may result from or occur during your participation in nutrition counseling, whether caused by the sole or concurrent negligence of L.G. Fitness, LLC, its owners, members, officers, agents, employees and independent contractors.

You further agree to indemnify and hold harmless L.G. Fitness, LLC, its owners, 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 for damage to property that may result from your negligent or intentional act or omission while participating in the described nutrition counseling sessions.

**SCHEDULING, PAYMENT, AND ACKNOWLEDGEMENTS:** Outside of scheduled sessions, you understand the Coach may be available for questions and other help, and that this is preferably done only between the hours of 9am-9pm via text or messaging unless permission is explicitly given by the Coach for a phone call or virtual meeting. You understand your Coach may not be available for immediate reply, particularly on weekends and evenings or when with other clients. You acknowledge that excessive demands on the Coach's time outside of scheduled sessions may result in additional fees.

You agree to cancel or reschedule sessions with at least 24 hours notice or be responsible for the session cost. You further agree to pay for your sessions no later than at the time of the session. You understand that prepaying ahead of time is available as well. You acknowledge that sessions typically will be 50-60 minutes long, but if you are late the session will not go longer than the scheduled end time and you will still be responsible for the cost of the whole hour. You are aware that virtual coaching is available. You are further aware that you may stop receiving coaching at any time, with no further financial obligations beyond fees already incurred.

Printed Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_