

Nutrition Coaching Waiver and Release of Liability
Beyond Aesthetic LLC

Client Name: _____

Date: _____

I, the undersigned, acknowledge and agree to the following terms and conditions regarding nutrition coaching services provided by Beyond Aesthetic LLC:

1. Voluntary Participation – I understand that nutrition coaching is intended to provide general guidance on dietary habits, wellness, and lifestyle choices. I acknowledge that participation is voluntary, and I assume full responsibility for my health and dietary decisions.
2. Not Medical Advice – I understand that the nutrition coaching provided by Beyond Aesthetic LLC does not constitute medical advice, diagnosis, or treatment. I agree that it is not a substitute for professional medical care and that I should consult a licensed healthcare provider regarding any medical concerns.
3. Assumption of Risk – I acknowledge that changes in diet and lifestyle may have risks, including but not limited to allergic reactions, dietary sensitivities, and unintended health effects. I voluntarily assume these risks and release Beyond Aesthetic LLC and its coaches from any liability.
4. Personal Responsibility – I agree to communicate honestly regarding my dietary history, medical conditions, allergies, and lifestyle factors that may impact my nutrition plan. I acknowledge that failure to provide accurate information may affect the effectiveness of the coaching services.
5. Release of Liability – I, my heirs, assigns, or legal representatives, fully release and discharge Beyond Aesthetic LLC, its owners, employees, and representatives from any claims, demands, and causes of action arising from my participation in nutrition coaching services, except in cases of gross negligence or willful misconduct.
6. Confidentiality – I understand that my personal information will be kept confidential in accordance with applicable privacy laws, except as required by law or with my explicit consent.
7. Acknowledgment and Agreement – I have read and understand this waiver. I acknowledge that I have had the opportunity to ask questions and seek clarification regarding its terms. I voluntarily agree to these terms and sign this waiver of my own free will.

Client Signature: _____

Date: _____

Coach/Representative Signature: _____

Date: _____