

NEW CLIENT CONSENT FORM

I, _____, give my consent to receive and participate in a personalized nutritional program based on my specific metabolic health requirements and/or athletic pursuits. I am aware that this is a partnership between the coach/advisor Rayanne Charlie (née Petersen, heretofore named as The Advisor), under the company Rayanne Petersen Nutrition Network (heretofore named as The Company), and myself, heretofore named as The Participant. This is to be a thought provoking and creative process intended to maximize personal and professional potential.

Please read and initial each of the statements below.

_____ I certify that I am over the age of 18.

_____ I understand that I am responsible for implementing my own physical, mental, and emotional well being, decisions, choices, actions and results.

_____ I recognize that coaching/advising is not to be used as a substitute for medical help from a physician or mental health professional.

_____ I understand that I must work with my family physician to wean off medications properly and in a timely manner, if such a course of action is recommended by The Advisor and agreed to by The Participant.

_____ I have to the best of my knowledge given an accurate account of my medical history, including all prescription or recreational drugs or products I am currently ingesting.

_____ I agree to engage in a three month coaching/advising program through face-to-face or telephone meetings. The Advisor will be available in between sessions via email and voicemail.

_____ I will pay all fees in full by e-transfer after my free 30-minute phone consultation, if I am prepared to participate in the program. Once my payment is received, The Advisor will electronically share all relevant documentation for program commencement. I will fill out the intake forms as well as this consent form, and keep one copy. I will send one completed and signed copy of all forms back to The Advisor.

New client fees are as follows: (all fees in CAD)

- 1) *Individual - \$700.00 /3 months*
- 2) *Couple - \$1200.00 /3 months*
- 3) *Family - \$2000.00 /3 months*

_____ At completion of my 3 month program, I will qualify for a discounted fee structure and the ability to book further consulting on a month-by-month basis.

Existing client fees are as follows: (all fees in CAD)

- 4) *Individual - \$200.00 /month*
- 5) *Couple - \$350.00 /month*
- 6) *Family - \$600.00 /month*

Participant Name (printed) _____

Signature _____

Date _____

Advisor Name: Rayanne Charlie

Signature _____

Date _____