

## Weight Loss program statement

I hereby attest to the following:

1. --I fully understand that **Hedie Habibnia**, is a registered Holistic Nutritionist, not a medical doctor and I am not here for medical diagnostic or procedures.
2. --The services provided by **Hedie Habibnia** are at all times restricted to consultation of the subject of nutritional matters intended for general nutritional well being and do not involve the diagnosing, prognostication, or prescribing of remedies for the treatment of any disease or any licensed or controlled act which may constitute the practise of medicine in this province.
3. --I understand that Weight loss consultation and program is designed to give me advice and recommendations only, and it is not a grantee procedure.
4. --There is no OHIP coverage for weight loss program, and I am responsible for the full amount despite of having a coverage by an extended health insurance plan.
5. --I also understand if I am not compliance and do not follow the instructions, it will not be a successful weight loss at end of the program.
6. --I understand that there will be no refund after the first week of the program, or no extension at the end of the program if for any reason, I could not successfully lose my weight.
7. --The nature of the weight loss program was fully explained to me on the first day, and it is designed to be educational for a healthy lifestyle, therefore, I cannot expect more than 2 Lbs. of weight loss per week.
8. --I understand that any exercises recommended to me is on my own risk and I have to consult my doctor before practicing.
9. --This agreement is being signed voluntarily and not under duress of any kind.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_