

Health Coaching Client Liability Waiver and Release Form

**This Agreement is entered into by and
between:**

Coach: Ideal Health Coach

Client:

Date:

1. Acknowledgment of Services

I, the undersigned, understand that the services provided by Ideal Health Coach, are intended to support general health, wellness, and lifestyle improvement. I acknowledge that these services are educational in nature and are not a substitute for medical advice, diagnosis, or treatment from a licensed healthcare provider.

2. Assumption of Risk

I understand and voluntarily accept the potential risks associated with implementing diet, exercise, or wellness suggestions, which may include but are not limited to physical injuries, allergic reactions, or adverse health effects.

I agree that I am solely responsible for consulting my healthcare provider before starting any program or making lifestyle changes. I assume full responsibility for any consequences resulting from my participation.

3. No Medical Claims

I acknowledge that Ideal Health Coach does not diagnose, treat, or cure medical conditions, and any recommendations are not intended to replace professional medical advice.

4. Release of Liability

To the fullest extent permitted by law, I release and hold harmless Ideal Health Coach, its employees, agents, and representatives from any claims, damages, or liability arising from or related to my participation in the coaching services.

5. Confidentiality

I understand that my personal information will be kept confidential and used only for the purposes of health coaching unless required by law or with my explicit consent.

6. Agreement to Terms

I confirm that I have read, understand, and voluntarily agree to this Liability Waiver and Release Form. I understand that by signing below, I am waiving certain legal rights, including the right to sue Ideal Health Coach.

Client Name (Printed):

Client Signature:

Date:

Coach Name (Printed):

Coach Signature:

Date: