**Client Agreement and Release**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that Karen Brennan, MSW, NC, of Tru Foods Nutrition Services, LLC is a certified nutrition consultant through Bauman College, Boulder, CO. As such, she does not diagnose, treat or cure any disease. Rather, she supports a balanced body through our work together.

I understand that information provided to me on the relationship between food, lifestyle factors and health is not meant to replace competent medical treatment for any health problems or conditions. Health education and medical care are complimentary and integrative when properly delivered.

I choose to improve my health by assuming greater self- responsibility and to reduce or eliminate unhealthy behaviors that are contrary to my well-being.

I understand that we are not treating conditions but rather balancing the body.

We agree to working together to design and maintain an individualized wellness plan based upon reliable information, practical skills, feedback and support.

Because much of the success of the services will depend upon the client’s efforts, Karen Brennan of Tru Foods Nutrition Services, LLC makes no guarantee that the program will be successful. As a result, I agree not to pursue a claim against Karen Brennan and Tru Foods Nutrition Services LLC if I am dissatisfied with the results of my nutritional therapy program.

I acknowledge that it is my responsibility to inform my physician of my nutrition therapy program.

 I confirm that I have disclosed all medical conditions and medications that I am currently taking. I understand that it is my responsibility to update Tru foods Nutrition of any changes in medical condition or medications

Payment is required at time of service. Cash and checks accepted. I understand that I need to provide 24 hour notice for cancellations otherwise the client is billed half price of the session.

This agreement is being signed voluntarily and not under duress of any kind.

Client Signature (or parent if under 18 years of age):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_