NEW CLIENT WAIVER

Date: _____

To: Julie Formby at New Vitality, LLC

To establish and clarify my purpose in coming to you for a consultation, I want to clearly state that my interests are in learning how to establish a good nutritional program and in learning about new lifestyle habits. I understand that it is my personal decision as to whether or not I follow the program that you suggest.

I completely understand that you are not a medical doctor and that this program does not replace the advice of a physician. I understand that your advice is not meant to conflict with the recommendations of doctors or practitioners who are licensed by state and/or federal laws. I understand that I have the right to choose alternative methods of health treatment for myself and that, if I do so, I accept full responsibility for my actions.

I understand that you do not diagnose disease; that you do not treat disease; that you do not make recommendations that will treat a disease that I have already been diagnosed with.

I fully understand that you recommend I visit a licensed physician if I have serious health problems, and that I should consult this physician before I make any changes in my diet.

I agree to give you a 24-hour notice, if for any reason, I need to change or cancel an appointment. If I am unable to give this notice, I am fully aware that I will be charged an office fee.

Respectfully yours,

Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

I am a legal guardian to a minor and accept responsibility for this consultation. My signature acknowledges that I have read and understand all of the above information.

Guardian's Signature _____

Minor's Printed Name _____