

GENERAL DISCLAIMER AND INFORMED CONSENT

In order to use my services, NJ state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy, as well as a copy of my cancellation policy. I will keep the originals in my records for at least three years.

While the guidance and coaching provided by the undersigned Health Educator and Behavioral Therapist (Susan L. Holmberg) is designed to improve my health and enhance the quality of my life through realistic dietary and exercise changes, the information provided is general in nature and not to be taken as professional medical advice for any disease or specific health problems. Susan L Holmberg is a nutrition educator and wellness coach, not a licensed physician, and nutrition services are not licensed by the state of NJ.

Susan L. Holmberg’s background and education include: a Bachelor’s degree, a Master’s Degree in Human Nutrition, 5 years as a clinician in a medically-based weight management program, in private practice since 1991 and continuing education in nutrition (upon request).

I understand that it is imperative that I consult my doctor before making any dietary, exercise or supplement changes, and I will not change any medication without professional medical advice. Should I request and receive recommendations for natural supplements, I acknowledge that they are to enhance my general well-being and improve normal healthy functioning of my body, and are not recommended to specifically treat a medical condition. While generally regarded as safe, I recognize that any OTC substance I put in my body could have adverse effects specific to my particular circumstances. Therefore I will inform both my Health Educator (Susan L. Holmberg) and my doctor of all medical conditions and medications, as well as natural supplements that I am currently taking before making any supplement additions to my current regime.

By signing this document, I acknowledge that it is strongly recommended and extremely important that I consult my physician prior to participating in a program of progressive physical exercise.

I fully understand that, while I will be directed to develop a daily regime of moderate intensity activity, the program itself will be of my own design and choosing. I accept all responsibility for my health and any resultant injury or mishap that might affect my well-being or health in any way. I hold the Health Educator (Susan L. Holmberg) harmless of any responsibility.

I have read and fully understand the above statements.

(Signature of client/parent/guardian)

(Date)

(Health Educator Signature)

(Date)