

# West Fitness

## Nutrition Disclaimer + Waiver

*Before you choose to engage in the services of our nutritional program, please read the following information FULLY and CAREFULLY.*

### **Goal**

The fundamental goal of our nutritional program is to encourage people to become knowledgeable about—and responsible for—their own health. This goal is based on the guidelines of the Nutritional Therapy Association, carried out by Nutritional Therapy Practitioners (NTP). Our program is designed to help individuals reach their optimal level of overall health by supporting and bringing balance to a properly prepared and nutrient-dense diet.

Our nutritional program is not designed to treat any specific disease or medical condition. Our NTPs are trained to evaluate your nutritional needs and make recommendations of dietary changes and nutritional supplements, not medical diagnoses or prescriptions. No comment or recommendation from your NTP should be construed as a medical diagnosis or prescription.

Reaching optimal health requires sincere commitment, possible lifestyle changes, and a positive attitude. If you are not willing to change how you eat and live, our nutritional program may not be the right approach for you. Since every individual is unique, we cannot guarantee any specific results from our nutritional program.

### **Health Concerns**

If you suffer from a medical or pathological condition, you need to consult with an appropriate medical provider. Our NTPs are not a substitute for your family physician or other appropriate healthcare provider. A Nutritional Therapy Practitioner is not trained or licensed to diagnose or treat pathological conditions, illnesses, injuries or diseases.

If you are under the care of another healthcare provider, it is important that you inform your other healthcare providers of your use of nutritional supplements. Nutritional Therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program.

If you are using medications of any kind, you are required to alert your NTP to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist and prescribing physician.

### **Communication**

Every client is a biochemical individual, and it is not possible to determine in advance how your body will react to the nutrients or supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept targeted nutrients geared to correct imbalances or deficiencies. It is your responsibility to do your part by:

- Following the nutrition guidelines provided by your NTP.
- Eating a properly prepared, nutrient-dense diet.
- Avoiding harmful foods, substances, and behaviors.
- Moving your body daily.
- Getting plenty of sleep, rest, and relaxation.
- Staying in contact with the NTP so they can stay up to date with your progress and provide the best course of action going forward.

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### Licensure

Our nutritional program is led by a Nutritional Therapy Practitioner (NTP) certified by the Nutritional Therapy Association, Inc.®. Note that a Nutritional Therapy Practitioner does not diagnose or treat disease, but instead makes nutritional recommendations for balancing the body and promoting optimal wellness. NTPs are approved by the NTA as a certifying organization, but are not licensed or certified by any state.

### Cancellation Policy

We are committed to providing all of our clients with exceptional service. When a client cancels without giving sufficient notice, it prevents another client from being seen. Given this, 24 hours notice is required for all cancellations or the full session fee will be charged and/or rendered.

### Waiver + Release

I understand that the Nutritional Therapy I receive is provided for the purpose of nutritional education and guidance. I further understand that Nutritional Therapy Practitioners (NTPs) are not qualified to perform, diagnose, prescribe, and/or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician or other qualified medical specialist for any nutritional concerns and mental and/or physical ailments that I am aware of. I affirm that I have stated all of my known medical conditions and answered all questions in the nutritional client intake form honestly. I agree to keep the NTP updated as to any changes in my medical profile, and I fully understand that there shall not be liability on the NTPs part should I forget to do so. I understand that I have enrolled in the personalized nutrition program offered through West Fitness LLC, its NTPs and employees. I recognize that the program may involve methods including, but not limited to, taking supplements, consuming new foods, adjusting meal portions, increasing fluid intake, altering/increasing daily movements and/or activities, and other various nutritional, health, and wellness techniques. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this nutritional program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by West Fitness LLC, its NTPs and employees. In consideration of my participation in this program, I hereby release West Fitness LLC, its NTPs and employees from any claims, demands and causes of action as a result of my voluntary participation and enrollment in the provided nutritional services.

Providing your signature below will signify your understanding, acceptance and authorization to accept the conditions of this disclaimer, cancellation policy, and waiver and release.

Name:	Signature:	Date:
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### Parent/Guardian Waiver for Minors

**If you are under the age of 18, this waiver and release must be signed by your parent or legal guardian.** Providing your signature below will signify your understanding, acceptance and authorization to accept the conditions of this disclaimer, cancellation policy, and waiver and release on behalf of the client noted above. By signing below, I hereby certify that I am the parent or legal guardian of the client noted above and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Legal Guardian Name:	Signature:	Date:
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Relationship to minor:	Parent/Legal Guardian Phone Number:
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