SRC Diet and Wellness

Consent form

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent to SRC Diet and Wellness to provide Nutrition and Functional Medicine coaching to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, nutritional supplements,and lifestyle. I understand that Sharon Reese Chud is not a medical doctor. While nutritional support can be an important compliment to my health and disease management, I understand these services are not a substitute for medical care. Medical records and personal information and history divulged in session to SRC Diet and Wellness will be kept confidential, unless I consent to sharing my medical information. I hereby release and discharge, indemnify, and hold harmless SRC Diet and Wellness and Sharon Reese Chud from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from Sharon Reese Chud. I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client or Legal Guardian’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name Date