



## *Client Consent Form*

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Please read the information below carefully; print and sign your name at the bottom of this form.

I, \_\_\_\_\_, agree to participate in the nutrition sessions provided by Eve Pearson for the previously agreed-upon fee. I understand that if I must cancel an appointment, it should be done 24 hours prior to the scheduled meeting time. Failure to do so will result in a forfeit of that session without a refund.

I understand that I must make payment for each session on the day the service is provided. If a discount applies, I agree to pay the full amount at the first session.

I understand that these sessions are not medically supervised and agree to consult with my physician if I have an existing medical condition.

I understand that nutritional supplementation may be recommended at any point during a session as part of my nutritional regimen and release Eve Pearson from any liability of recommending a supplement.

The nutrition sessions are designed to help you reach your goal by adapting your dietary intake to your current needs in a safe environment. I understand that I can not expect to lose more than two pounds per week resulting from the changes to my dietary intake.

Finally, by signing below, I release Eve Pearson from any responsibility.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

(Print Name) \_\_\_\_\_