

NAME (Please Print) _____

Parent's Signature if a minor _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Telephone _____

REFERRED BY _____

I acknowledge and confirm that:

1. I am of legal age and I am requesting a consultation / training session with **ULI DIETER** of **HEALTH FITNESS VITALITY**.
2. This consultation is for educational purposes, and is not to diagnose or treat disease.
3. I understand that this consultation / training session is not intended to replace medical care and I will seek medical treatment from a licensed health care provider if required.
4. I understand that botanicals and exercise may be contraindicated with certain health conditions. For this reason, I confirm that I have had a general physical from a medical doctor within the last 12 months, and have disclosed any conditions diagnosed on the intake form.
5. I understand that botanicals can interact with medication. For this reason, I have disclosed all medications that I may be taking on the intake form. I also agree to notify all my health care providers of any herbs, essential oils, dietary supplements, or other supplements that I may be taking.
6. I understand that botanicals are dietary supplements under the Dietary Supplement Health and Education Act and are not regulated nor approved by the Federal Drug Administration as drugs.
7. I understand that achieving wellness requires my commitment to my own good health, whether through diet, exercise, or stress relief and that **HEALTH FITNESS VITALITY** does not guarantee any particular outcome.
8. I understand that am under no obligation to follow any recommendations made by the consultant.

In consideration of my acceptance as a participant in this private consultation / training session, I for myself, heirs, executors, administrators and assignees, do hereby release and discharge **HEALTH FITNESS VITALITY** and **ULI DIETER** from all claims of damages, demands, or actions whatsoever in any manner arising from or growing out of my participation.

SIGNATURE _____

Date _____