

Tiina McDermott Nutrition Consultant, LLC

(541) 410 – 6107

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tinasnutrition.com

Client Agreement and Release of Liability

I, _____, understand that Tiina McDermott of Nutrition Consulting, LLC. As such, she does not diagnose, treat or cure any disease. Rather, she supports a balanced body through our work together.

I understand that information provided to me on the relationship between food, lifestyle factors and health is not meant to replace competent medical treatment for any health problems or conditions. Health education and medical care are complimentary and integrative when properly delivered.

I choose to improve my health by assuming greater self- responsibility and to reduce or eliminate unhealthy behaviors that are contrary to my well-being.

I understand that we are not treating conditions but rather balancing the body.

We agree to working together to design and maintain an individualized wellness plan based upon reliable information, practical skills, feedback and support.

Because much of the success of the services will depend upon the client's efforts, Tiina McDermott of Nutrition Consultant, LLC makes no guarantee that the program will be successful. As a result, I agree not to pursue a claim against Tiina McDermott of Nutrition Consulting, LLC if I am dissatisfied with the results of my nutrition consulting.

I acknowledge that it is my responsibility to inform my physician of my nutrition consulting protocol or plan.

I confirm that I have disclosed all medical conditions and medications that I am currently taking. I understand that it is my responsibility to update Tiina McDermott of any changes in my medical condition or medications.

Payment is required prior or rendered at time of service. Cash, checks & credit cards accepted, or pay using your PayPal/Venmo account. I understand that I need to provide 24 hour notice for cancellations or client will be billed additional \$50 for the missed session.

This agreement is being signed voluntarily and not under duress of any kind.

Client Signature (or parent if under 18 years of age): _____

Print name: _____ Date: _____

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