

Client Consent and Release

Consent and Request for Services

I _____ request that *Melany Palacios* provide me with wellness and lifestyle counseling and instruction, including but not limited to the formulation of health and wellness goals, the provision of nutritional evaluations, the assessment of nutritional health and body-system balance (using techniques such as Functional Blood Chemistry Analysis and Saliva Adrenal Stress Indexes), and the design of diet plans and supplement regimes.

I understand that *Melany Palacios* is a Master Nutrition Therapist, who obtained her certification from the Nutrition Therapy Institute, an accredited Nutrition Therapy College; she is not a physician, but rather certified in the field of nutrition therapy.

Release

I understand the provision of wellness and lifestyle counseling and instruction is not intended to provide the diagnosis, treatment, therapy, or cure for any disease, mental or physical, and is not intended as a substitute for medical care offered by a physician or other healthcare provider.

I understand the counseling and instruction offered by *Melany Palacios* is of a non-medical and non-psychological nature; and is accepted solely and exclusively for instructional purposes only.

I release and forever discharge *Melany Palacios* and any related or affiliated persons, representatives or entities from all actions, causes of action, suits, claims and demands whatsoever, known or unknown, arising out of or touching upon the services provided, contemplated, or intended under this Consent and Release.

This Client Consent and Release is being signed voluntarily and not under duress of any kind.

Signature _____ Date: _____