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Nutrition Guidance Liability Waiver

New Client Consult

In full consideration of the risk of injury while participating in the Activity, and for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily participate in this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any kind of risks related to traveling to and from as well as participating the Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness disfigurement, temporary or permanent disability, economic or emotional loss, and death.

I acknowledge that I have carefully read this form and fully understand that it is a release of liability. I expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action for personal injury or property damage.

Date

Month Day Year

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