



True Weight Solutions

TWS WEIGHT LOSS PROGRAM INFORMED CONSENT AND RELEASE OF LIABILITY

I understand that my use and consumption of any True Weight Solutions (TWS) product or engaging in any weight loss program including the type that is to be used in conjunction with TWS, have inherent risks to my health and well-being, including but not limited to headache, nausea, dizziness, vomiting, fatigue, pain, loss of consciousness, shortness of breath and other ailments. I understand as well that rapid weight loss of over 1-2 lbs. per week is considered by most in the weight loss medical community to be excessive and may lead to ailments similar and in addition to those mentioned above. Therefore, I understand that my failure to follow the weight loss program exactly as described to me by my physician or chiropractor can result in severe temporary and/or permanent medical conditions in addition to those mentioned above.

I understand that I should not use or consume any of the TWS products if I am pregnant or think I might be pregnant or nursing.

I understand that, as a dietary supplement, TWS has not been approved by the FDA of any Federal or State authority. I additionally understand that the TWS is not meant to diagnose, treat or cure any disease or medical condition and that I am to undergo participation in the TWS Program only under doctor supervision. I also understand that I should consult with any doctor prior to starting ANY exercise or nutritional supplement program.

I understand that, if I experience any ailments, including but not limited to headaches, nausea, dizziness, vomiting, fatigue, pain, loss of consciousness, shortness of breath and other ailments, I should immediately stop using or consuming the TWS product and, if my symptoms do not resolve immediately, I should consult my physician or go to the hospital emergency room.

I hereby consent to, and assume the risks associated with, the use and consumption of TWS product and agree to follow the recommendations and instructions of my physician. I further agree not to use or consume any TWS product without the advice, counsel and recommendations of my physician.

I hereby release, discharge and agree to indemnify my physician(s), TWS and their agents, servants, employees, and affiliates from any and all liability, claims, causes of action and demands for personal or bodily injury or death that I or my personal representatives might have or might hereafter acquire through my use or consumption of TWS products.

Printed Name: _____ Signature: _____

Company Representative: _____ Date: _____