



## Wellness Warrior Welcome Agreement

Welcome and thank you for choosing us to be your Healthy Lifestyle Guide. During the coming three months, you will learn ways to help yourself achieve a healthier diet and lifestyle that gives you the potential to meet and exceed all of your current life goals! Please read the following. If anything is unclear, please ask.

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This Agreement is made today between the Coach of the Program and the person named at the end of this document, [the Client].

The Program in which you are about to enroll in will include all of the following:

- A. Two 40-minute appointments each month for three(3) months, which will include a discussion of your progress and recommendations.
  - B. Any monthly special events, seminars, webinars, workshops, and emails related to health and wellness.
  - C. A variety of handouts, recipes, and other materials.
  - D. Invitations to attend any special events.
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### **SCHEDULING**

As your Coach, I understand that my clients have busy schedules and I take pride in not keeping them waiting or keeping them longer than planned. Each session will end 40 minutes after it was scheduled to begin. Please be on time. If the Client needs to cancel or reschedule the appointment, the Client must do so **24 hours in advance**; otherwise, the Client will forfeit that appointment and will not have an opportunity to reschedule it because of time constraints.

Program begins \_\_\_\_\_ and ends \_\_\_\_\_ ("End Date")

This program expires if all 6 sessions have not been completed within two months after the End Date specified above.

### **PAYMENTS AND REFUNDS**

The Client understands that the regular cost of the Program is \$399 per 40 minute visit.

In the event of the Client's absence or withdrawal, for any reason whatsoever, the Client will remain responsible for the pro rata share of the program that has been delivered, plus a cancellation fee of \$99.

The Practitioner reserves the right to cancel the program if at any point it is not advantageous for the coaching program to continue. If this happens, the Client is responsible for the pro rata share of coaching services received.

**DISCLAIMERS**

The Client understands that the role of the Health Practitioner is not to diagnose, treat or cure any disease, provide medical care, prescribe medications. The Practitioner is a mentor and guide who has been trained in natural healing to help clients reach their own health goals by helping clients devise and implement positive, sustainable lifestyle changes. If the Client is under the care of a health care professional or currently uses prescription medications, the Client should discuss any dietary changes or potential dietary supplement use with his or her practitioner.

The Client has chosen to work with the Practitioner and understands that the information received should not be seen as medical advice.

**PERSONAL RESPONSIBILITY AND RELEASE OF HEALTH CARE RELATED CLAIMS**

The Client acknowledges that the Client takes full responsibility for the Client's life and well-being, as well as the lives and well-being of the Client's family and children (where applicable), and all decisions made during and after this program.

The Client expressly assumes the risks of the Program, including the risks of trying new foods or supplements, and the risks inherent in making lifestyle changes. The Client releases the Practitioner from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which the Client ever had, now has, or will have in the future against the Practitioner, arising from the Client's past or future participation in, or otherwise with respect to this Wellness Program.

**CONFIDENTIALITY**

The Practitioner will keep the Client's information private, and will not share the Client's information to any third party unless compelled to by law.

**ARBITRATION, CHOICE OF LAW, AND LIMITED REMEDIES**

This agreement shall be construed according to the laws of the State of Pennsylvania. In the event that any provision of this Agreement is deemed unenforceable, the remaining portions of the Agreement shall be severed and remain in full force.

If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: (1) he/she has received a copy of this letter agreement; (2) he/she has had an opportunity to discuss the contents with the Practitioner, and if desired, to have it reviewed by an attorney; and (3) the client understands, accepts, and agrees to abide by the terms hereof.

Client name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_