

A Better Way to Fitness & Wellness, LLC

INFORMED CONSENT AND RELEASE OF LIABILITY

I understand that Naturopathic Doctors (ND's), Certified Natural Health Professionals, and Medical Exercise Specialist (MES) are not Medical Doctors (MD's). They are trained specialists who use non-invasive natural medicine, such as vitamins, minerals, herbs, homeopathy, dietary changes and exercise to create a healthy environment in the body.

I expressly understand that the testing and recommendations offered **do not provide any sort of medical treatment** nor are its natural health specialists licensed medical doctors or medical practitioners of any type or kind and that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the Doctor who recommended it. Nothing said, done, typed, printed or reproduced by A BETTER WAY TO FITNESS & WELLNESS, LLC is intended to diagnose, prescribe, treat or take the place of a licensed physician.

I authorize A BETTER WAY TO FITNESS & WELLNESS, LLC, and Lisa Atkinson, ND to perform a kinesiological muscle testing (or Nutritional Response testing), which is a safe, non-invasive method of analyzing the body's physical and nutritional needs, and that deficiency or imbalances in these areas could cause or contribute to various health problems, to develop a natural, complementary health improvement program for me which may include dietary and/or exercise guidelines, nutritional supplements, etc., in order to assist me in improving my health and **not for the treatment or "cure" of any disease.**

In and for consideration of being allowed to participate in the activities and programs offered by **A Better Way to Fitness & Wellness, LLC** , and **Lisa Atkinson**, I hereby fully and forever release and discharge A BETTER WAY TO FITNESS & WELLNESS, LLC, their heirs, administrators, executors, employees, independent contractors, successors and assigns from all claims, demands, damages, actions, rights of actions, of whatever kind or nature which I now have or may have arising out of my participation in the activities, recommendations and programs and/or use of equipment or machinery provided by A BETTER WAY TO FITNESS & WELLNESS, LLC.

I agree that in signing this Acknowledgment, I am relying on my own judgment, belief and knowledge in agreeing to waive and release A BETTER WAY TO FITNESS & WELLNESS, LLC, her heirs, administrators, executors, employees, independent contractors, successors and assigns from any and all claims I now have or may have in the future for any injury, illness, loss or death and I am expressly agreeing to assume the risk of engaging in the activities and/or programs offered by A BETTER WAY TO FITNESS & WELLNESS, LLC.

Signature _____ Date _____

Please Print name Here Primary Phone Number

Email _____

Address: _____