

Welcome!

Thank you for joining Studio Nutrition on your journey towards a better relationship with food and your body! This agreement includes information regarding Studio Nutrition’s services. Please read, sign and date this form to show that you agree to abide with the guidelines outlined within this form. Should you have any questions or need more clarification, please do not hesitate to contact me.

Terms and Conditions

I, _____(hereby referred to as “Client”), understand that the nutritional and wellness consultation services offered to me by Roina Dargan (Studio Nutrition) are educational in nature and intended to provide me with well researched nutrition information.

Description of Services

The purpose of Studio Nutrition is to provide information and guidance for the Client to expand their know-how and ability to lead a nutrition-focused lifestyle.

Studio Nutrition’s services include, but are not limited to:

- Instruction in the development of eating habits.
- Assisting Client in developing new strategies for health and wellness.

Each personal session is highly customized to the Client’s needs, goals and limitations. Each session runs for 60 minutes. Studio Nutrition’s sessions can occur at the Client’s home, or an agreed upon outside location, online, or by phone.

I understand Studio Nutrition does not employ a licensed medical or mental health practitioner; therefore, Studio Nutrition does not provide medical advice. Services do not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. Services are not a substitute for counseling, psychotherapy, mental health care or substance abuse treatment.

Confidentiality

All information gathered from Client, including name, contact information and medical history, are secured and confidential. Any views expressed by Client to Studio Nutrition will be held with the utmost confidentiality. Information will only be release with the consent of Client.

Payment

Fees are to be paid prior to completion of coaching/training session unless other arrangements have been set forth before the initial coaching session. Studio Nutrition has the right to refuse a service or consulting session if payment is not made on time. All clients of private nutrition consulting receive seven days of complimentary text/email support per session. \$25 will be charged for any other text/email support.

Cancellations

Cancellation is required to take place at least 24 hours in advance of the purchased service in order to receive a full refund. In the event Studio Nutrition cancels, payments will be refunded in full or the date will be rescheduled. Studio Nutrition holds the right to terminate a contract with any Client that violates these terms and conditions.

Copyright Notice

I understand that proprietary materials given directly to me by Studio Nutrition (e.g., handouts, guides, worksheets, etc.) may not be distributed to third parties without written permission.

Waiver

Studio Nutrition does not offer any guarantee of success, definitive changed behavior or increase in profit. I accept full responsibility for my decisions, and Studio Nutrition is not liable for medical complications or loss of income/profit.

I understand advice and opinions are not intended to be in place of any form of diagnosis, treatment or therapy from a licensed medical practitioner.

I understand that certain supplements recommended to me by the nutritionist might not have been evaluated by the FDA. Suggestions made for diet and/or supplement products are intended to support and balance the body with the sole intention of enhancing general health, and are not intended to diagnose, treat, cure, or prevent any disease. Nothing expressed, written, or implied by Studio Nutrition should be considered as medical advice for dealing with any given medical condition. I understand the information I receive cannot replace the advice or treatment of a qualified health care practitioner. I agree that I have been advised to discuss the recommendations with my prescribing physician. In the event that I feel the need for professional counseling or therapy, it is my responsibility to seek a licensed professional. I, the

Client, will consult with my medical doctor before any significant dietary or lifestyle adjustments.

I agree to disclose all known medical conditions and have answered all questions openly and honestly. I agree to keep the practitioner informed of any future changes in my medical conditions and treatments.

Studio Nutrition may offer food to its Clients. I understand that Studio Nutrition is not responsible for any resulting sickness or ailment from consuming these foods. I fully understand and accept the risks associated with consuming raw or undercooked animal products.

I understand that any statement or recommendation from Studio Nutrition shall be viewed as an expert suggestion and in no way an expressed or implied diagnosis, prescription or guarantee. We expressly exclude liability for any inaccuracy or misinterpretation.

I understand Roina Dargan is not a registered dietician. She is a nutrition counselor. Her advice is to be taken as her suggestions and doesn't guarantee results. I enter into coaching with the understanding that I am responsible for creating my own results.

By signing this document, I hereby certify that I fully understand and accept the above information, and agree to ask for clarification on any information I do not understand during or after the consulting session.

Client Name: _____

Client Signature: _____

Date: _____