

Consent Form

Name *

Email *

Date *

First Name

Last Name

example@example.com

Month

Day

Year



I, as named above, further known as “the client”, understand that **ReNu Wellness** is not a substitute for medical examination, diagnosis, or treatment and that I should see a physician of medical specialist for any mental or physical ailment that I am aware of.

I understand that:

- **ReNu Wellness** consultants are not physicians, nor are they dieticians.
- **ReNu Wellness** consultants do not have the knowledge to diagnose, or treat ailments. Nothing said in consultations will be construed as such.
- In signing this contract, I have no knowledge of any medical conditions that would worsen with change in diet and exercise.
- I acknowledge that results are not guaranteed.

I affirm that I have stated all known medical conditions, and answered all questions in the client intake forms honestly. I agree to keep my **ReNu Wellness** consultant updated as to any changes in my medical profile and I understand that there shall be no reliability on **ReNu Wellness** if I fail to do so.

*

I understand and agree

Signature
