

Client Release Form

- I fully understand that *Erin Young* is a health counselor and NOT a licensed medical doctor. I also understand that diagnosis or treatment for any disease or health condition is beyond the scope of any nutrition counselor. If I have any disease, health problem, or health condition, I am now being advised to seek qualified advice from a licensed physician.
- I understand that *Erin Young* teaches clients how to build their own health through training in the effective use of life-style modification, pollution avoidance, clean air, pure water, proper foods, rest, exercise, meditation, goal orientation, positive mental attitudes, stress reduction techniques and adjustments of factors affecting overall health.
- I realize that any evaluations including dietary practices are not medical in nature and are not used for diagnosis or treatment of any health condition or disease. I know that such evaluations are not approved by any branch of the medical profession and are not approved by the Food and Drug Administration.
- I understand that the review of any medical tests I bring with me is for education and monitoring purposes only and NOT for the purpose of diagnosing or treating any disease or health condition.
- Recommendations, suggestions, and reference to meals, menus, or nutritional supplements are for weight loss, increased stamina and energy, and general health maintenance and do NOT involve nor imply any diagnosing, prognostication or prescribing for the treatment of any disease or health condition.



- I understand that *Erin Young* is dedicated to educating clients to help themselves to better health with emphasis on education and self-care. The body-mind-spirit philosophy of holistic health is not accepted nor recognized and agencies considered as health authorities may not agree with holistic approaches where clients must shoulder responsibilities for their own health. Educating clients in holistic health may be considered an inexact science with many variables. Results from lifestyle changes are neither constant nor predictable.
- I have read and fully understand what is written above. My signature below signifies that I agree to retain *Erin Young* to educate me through lecture, testing evaluation, and demonstrations in methods available for me to help myself to improve my overall general health.
- I have notified *Erin Young* of any and all medications and/or supplements that I take and/or existing physical and/or medical limitations or conditions.
- I hereby waive and hold *Erin Young* harmless from any and all claims arising from this agreement and/or participation in her nutritional programs.

Client Signature:

Date:

Print Name:

DOB:

Address:

City:

State:

Zip Code:

Phone:

Email:

Referred By:

