

Policies and Guidelines:

The following guidelines apply to nutrition services and weight loss packages. Please review carefully and, if any questions, discuss them with your nutrition coach.

Initial each statement below:

Cancellations: I understand that the nutrition coach operates on a scheduled appointment basis for all session and thus, requires a 24-hour notice especially when canceling/rescheduling an appointment. No charge shall be applied if should I cancel/reschedule with MORE than 24 hours notice given. Should I cancel within the 24-hour notice window, I will be charged the cost of my session, and will purchase an additional session shall I wish to reschedule. _____

Promptness: It is important to arrive on time for a scheduled appointment. The client should understand that the nutrition coach might have another appointment immediately following his/her session, and therefore tardiness may result in the normal length of the session being reduced. _____

Refunds: There will be no refunds for nutrition counseling session, follow-ups, nutrition challenges or personal training sessions. _____

Expiration: Nutrition packages will expire 60 days after purchase. _____

Photo Release: I hereby authorize Healthy Steps Nutrition and {Your Business Name} to copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. _____

Waiver and Release:

You (the buyer/client) agree that you hereby waive any claims or rights that you might otherwise have to sue Healthy Steps Nutrition Inc, its employees, independent contractors, or agents, {Your Business Name} and its employees if injury/harm to you that may result from participation in our nutrition, weight loss programs or personal training sessions. _____

You understand that you should consult your physician if you have any medical issues. You acknowledge nutrition services are not to be in place of any medications. _____

You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You are waiving any right that you have to bring legal action to assert a claim against Healthy Steps Nutrition or {Your Business Name}. _____