



INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELLING

I _____ give consent to [Terri Houlton of Apocalypse Fitness Limited] to provide Nutrition advice to myself as a client for which I am legally responsible.

The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle.

I understand that [Terri Houlton] is a qualified Nutritional Advisor however not a medical practitioner. Thus, they will not diagnose medical conditions, but will provide nutritional support and nutrition education for an already diagnosed condition. While nutritional support can be an important compliment to my health and disease management, I understand these services are not a substitute for medical care.

Methods of nutrition evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessments and/or tests are intended as a guide to developing an appropriate health-supportive program for me and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to [Terri Houlton of Apocalypse Fitness] will be kept confidential, unless I consent to sharing my medical information.

I hereby release and discharge, indemnify, and hold harmless [Terri Houlton of Apocalypse Fitness], from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from [Terri Houlton of Apocalypse Fitness]. I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them.

CLIENT OR LEGAL GUARDIAN'S NAME: _____

CLIENT OR LEGAL GUARDIAN'S SIGNATURE: _____ DATE: _____

NUTRITIONAL ADVISOR

NAME: _____

NUTRITIONAL ADVISOR SIGNATURE: _____ DATE: _____

APOCALYPSE FITNESS LIMITED

COMPANY NUMBER: 12821806

TRAINER/NUTRITIONAL ADVISOR: TERRI HOULTON

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