

# Waiver and Release of Claims

***I hereby attest to the following***

1. I fully understand that Lovie Wesolowski-Spicer is not a medical doctor or practitioner and I am not here for medical diagnostic or treatment procedures.
2. The services performed by Lovie Wesolowski-Spicer are at all times restricted to consultation on the subject of nutritional matters intended for general nutritional health and do not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of disease, or any act which will constitute the practice of medicine in this province/state in which a license is required.
3. I voluntarily assume all risks associated with the nutritional and exercise advice provided by Lovie Wesolowski- Spicer and will not hold Lovie Wesolowski-Spicer liable for any of the said advice.

Date:

Signed: \_\_\_\_\_

Printed Name:

Address:

City:

Province or State:

Postal Code or Zip Code:

Telephone:

Witness: \_\_\_\_\_

Date:

Parent Signature: \_\_\_\_\_

Date: