**Full Release and Waiver for Brooke Joanna Benlifer, RD, PT**

**Registered Dietitian and ACE Certified Personal Trainer**

1. I acknowledge that I am in good health and capable of making my own sound decisions regarding my dietary intake. I agree that I will consult a physician prior to engaging in any dietary program recommended by Brooke Joanna Benlifer, RD, PT. If I choose not to consult a physician, I fully assume any risks associated with engaging in such dietary programs.
2. I understand that Brooke Joanna Benlifer, RD, PT, in counseling me on a sound diet, does not diagnose, prescribe or treat any illness, disease, or other physical disorder of the person. Nothing said or done by Brooke Joanna Benlifer, RD, PT, is intended to be a diagnosis or treatment of disease and should not be substituted for such when medical attention is indicated.
3. I hereby release and discharge Brooke Joanna Benlifer, RD, PT, from any loss expense, claim, injury, damage or liability sustained, claimed, or incurred by me resulting from my sessions with Brooke Joanna Benlifer, RD, PT and/or resulting from or during or claimed to be related to any act or omission of Brooke Joanna Benlifer, RD, PT.
4. This document is effective on the date on which I have signed it.

I HAVE READ THE FULL RELEASE AND WAIVER FOR BROOKE JOANNA BENLIFER, RD, PT AND REALIZE THAT THIS IS A BINDING LEGAL AGREEMENT WHICH AFFECTS ANY CLAIM I OTHERWISE MIGHT HAVE HAD RESULTING FROM MY ACTIVITIES WITH BROOKE JOANNA BENLIFER, RD, PT DURING AND AFTER MY PARTICPATION IN A COUNSELING SESSION.

Name:

Date:

Address:

Cell:

Email: