NUTRITION COACH

Consent form

This agreement is made between:

Client Name: _____
Company Name: Body By Vina LLC

Date: _____

Scope of Services

Body By Vina LLC agrees to provide personalized nutrition coaching services, which may include:

- Customized meal guidance and recommendations.
- Educational resources on healthy eating habits.
- Accountability and support for achieving nutritional goals.

Client Responsibilities

The client agrees to:

1. Provide accurate and honest information about their health, lifestyle, and dietary habits.
2. Inform Body By Vina LLC of any medical conditions, allergies, or dietary restrictions.
3. Follow the recommendations provided to the best of their ability.
4. Consult with a licensed healthcare provider before making significant changes to their diet if they have underlying health conditions.

Disclaimer

The client acknowledges that:

- Body By Vina LLC is not a licensed dietitian or medical professional. The advice provided is not intended to diagnose, treat, or cure any medical conditions.
- Nutritional outcomes depend on the client's commitment and consistency. Body By Vina LLC does not guarantee specific results.

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Confidentiality

All client information shared with Body By Vina LLC will be kept confidential and used solely for the purposes of providing nutrition coaching.

Payment and Cancellation Policy

- Payment is required upfront unless otherwise agreed upon.
- Cancellations must be made at least 48 hours in advance to avoid a session fee.

Acknowledgment and Consent

By signing below, I acknowledge that I have read, understood, and agree to the terms of this agreement.

Client Signature: _____ Date: _____
Coach Signature: _____ Date: _____

Body By Vina LLC