



# WAIVER

I, \_\_\_\_\_ am participating in wellness coaching of my own volition. Two Poppies Apothecary recommends that I inform my medical doctor of any and all dietary changes which I make as a result of Two Poppies Apothecary's recommendations.

I understand that Hillary Sargent, a member of Two Poppies Apothecary, and the person facilitating this program, is not a doctor. I take full responsibility for my own health and for the decisions regarding my diet and lifestyle that I make as a result of Hillary Sargent's recommendations.

I understand that Hillary Sargent is a Certified Holistic Nutrition and Wellness Coach, Community Herbalist, and BodyTalk practitioner, trained to guide clients regarding the improvement of their health and wellness through dietary and lifestyle suggestions. Dietary recommendations are suggestions only, and whether or not I partake of these suggestions is a result of my own volition.

I hereby knowingly release, hold harmless, and forever discharge Hillary Sargent and Two Poppies Apothecary (the "Protected Parties"), from any and all claims, actions, causes of actions, suits, liabilities, damages, expenses, costs, including without limitation attorney fees, and negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury or death to me whether such damages, loss, or death results from the negligence of the Protected Parties, or from some other cause. I have read and understand all of the above, and agree to proceed under these conditions.

I understand that all information disclosed is confidential as outlined in the HIPAA notice of Privacy Practices  
IN SIGNING THIS RELEASE, I FULLY RECOGNIZE THAT IF I AM HURT OR DIE AS A RESULT OF PARTICIPATING IN NUTRITION, WELLNESS and HERBAL COACHING, I WILL HAVE NO RIGHT TO MAKE ANY CLAIM OR FILE LAWSUIT AGAINST ANY OF THE PROTECTED PARTIES, EVEN IF ANY OF THEM ACT NEGLIGENTLY, AND EVEN THOUGH ANY OF THEM CAUSED THE INJURY COMPLAINED OF.  
All payments are due prior to or on the day of service. Cash or check accepted. Make checks payable to Hillary Sargent.

Scheduled appointments that are missed OR not cancelled with at least a 24 hour notice will be charged in full.

I understand the above policies and that the above is meant to have legal significance and be legally binding.

\_\_\_\_\_  
Please Sign Your Name

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Today's Date