



**Confidential Information for Life Changing Personal Coaching**

**Waiver of Liability**

Dear Valued Client,

This release, waiver and 'hold harmless' agreement are made by and between the undersigned (Yourself, the client); \_\_\_\_\_ and Hayden Rhodes as agreed and entered into on the day, month and year noted below.

Hayden Rhodes (herein known as HR) provides instruction and methodology for improving personal wellness. HR is neither a doctor, nor practitioner and recommends everyone have regular physician based health screens and check ups. I, the client, understand that Hayden Rhodes has undertaken numerous seminars in diet and lifestyle consulting, and is not a licensed health care practitioner.

HR does not treat nor diagnose, and prefers we work alongside a practitioner while advising you with respect to building and maintaining health. HR's concern is to assess structural alignment, strengthen and stabilize the body from within and balance and improve homeostasis and the fundamental control systems of the body. HR is here to help you discover and support your unique biochemistry and nutritional needs. He will monitor lifestyle factors and guide you towards *improving your own vitality*.

I, the client, understand that diet and lifestyle coaching is not intended as diagnosis, prescription, treatment or cure for any disease and is not intended as a substitute for regular medical care. I request that HR do a nutritional evaluation and set up a program of diet, nutritional guidelines and lifestyle changes for the purpose of reducing stress and enhancing my health. I understand these recommendations are for the reduction of stress only. I understand improving health takes time.

The parties recognize that HR will not be able to and will not provide consultations, coaching or render any service without the execution of this agreement and a detailed client profile.

Therefore, the client \_\_\_\_\_ in consideration of the above and for the exercise and / or activities provided by HR waives all claims for damage or loss to person or property which may be caused by and act, or failure to act from HR. The client assumes the risk of all dangerous conditions in and around working premises and waives any and all specific notice or the existence of such conditions. The client also assumes the risk of any and all injuries that might result from participating in exercise programs.

In consideration of my participation in HR exercise program I \_\_\_\_\_ for myself, my heirs and assigns, hereby release Hayden Rhodes from any claims, demands and causes of action arising from my participation in his programs. I hereby affirm that I have read and fully understand the above.

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

Client Signature \_\_\_\_\_

**AntiAgingHolidays.com**  
**Hayden@RpmHealthClub.com**



**Terms of Agreement**

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
2. I understand that “coaching” is a professional client-centered, relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
4. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
7. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

I have read and agree to the above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**THANK YOU ☺**

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