



CLIENT AGREEMENT

I, _____, hereby attest to the following:

1. _____(INITIAL) I hereby acknowledge that the services offered by Nourished by Design and Sasha Vlemma (hereinafter my R.H.N.) are at all times restricted to consultation on the subject of nutritional consultation intended for general well-being and are not meant for the purposes of medical diagnoses, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. Furthermore, I hereby acknowledge that the use of the Meal Plan is at my own risk. I hereby indemnify, remise, release and forever discharge and hold harmless Sasha Vlemma and her company, Nourished by Design, operating as Nourished by Design with Sasha Vlemma, and her related corporations, affiliates, subsidiaries, predecessors, successors, assigns, agents, servants, employees, suppliers, officers and directors, from any and all claims, liability, demands, actions, expenses, losses, known or unknown, and any and all liability resulting in negative health consequences as a result of following my Meal Plans and/or Recipe Collections . I acknowledge that the laws of the Province of Nova Scotia and the federal laws of Canada will govern these Meal Plan and Recipe Collection terms. If any dispute or litigation arises as a result of a breach of terms, I hereby agree that any claim will be within the jurisdiction of the courts of Nova Scotia, Canada.

2. _____(INITIAL) Copyright and Usage - Reproduction of any and all Meal Plans and Recipe Collections provided by Nourished by Design, or any part thereof, including ALL recipes is strictly prohibited. When you purchase a Meal Plan or Recipe Collection, I am granting you a license to use the Meal Plan, Recipes and/or Recipe Collection for your personal use only. You may NOT reproduce or share the content of the Recipes, the Meal Plan or Recipe Collection in any format. You cannot claim the Recipes, Meal Plan, or Recipe Collection to be your own. Furthermore, you may not use the Recipes, the Meal Plan, or the Recipe Collection for any professional, commercial, or other business purpose. You are NOT permitted to share, scan, resell, redistribute, or copy the Recipes, the Meal Plan or Recipe Collection in any format and violation of this agreement will result in legal action. I further acknowledge and understand that my PDF meal plan or recipe collection document can only be downloaded once and only to one device.

3. _____(INITIAL) I understand that it my own responsibility to inform my R.H.N. about any and all medications I am currently taking (this is due to possible interactions/side effects).

4. _____(INITIAL) The services performed by an R.H.N. are restricted to consultation on the subject of holistic health intended to building wellness. An R.H.N. does not diagnose, treat, heal, cure, or prescribe remedies for the treatment of disease, or for any act in which a medical license is required.

5. _____(INITIAL) I understand that if my R.H.N recommends natural supplements as part of my wellness plan, there is a chance of possible interactions/side effects between these supplements and any medications I am currently taking. I understand that my R.H.N. will not be held responsible and that it is my responsibility to educate myself about the possible risks and speak to my doctor/pharmacist about any new medication/supplement I may take.

6. _____(INITIAL) I understand that my R.H.N. can recommend diet improvements to facilitate physical and spiritual health. If, as a consequence, symptoms diminish, then so much the better.

7. _____(INITIAL) I understand that the information I provide will be kept confidential and will not be shared outside of this setting without prior written consent. My R.H.N. has provided me with a copy of her Privacy Policy.

8. _____(INITIAL) Dietary Restrictions - While I make every effort to ensure the ingredients in my dietary specific Recipe Collection and Meal Plan meet their respective dietary restrictions, you are responsible to ensure that the ingredients you choose in preparing the recipes are suitable for your specific dietary restrictions. You are solely responsible for reading product labels and ensuring the ingredients you use meet your needs and restrictions.

9. _____(INITIAL) I understand that if I miss a scheduled appointment without providing a minimum of 24 hours notice, I may be charged a cancellation fee for the total owing for the scheduled appointment.

10. _____(INITIAL) I understand that payment is due at the time of my service. If my appointments are virtual or over the phone, I understand that payment is by way of e-transfer and payment is due on the day of my appointment and prior to my schedule appointment time.

This statement is being signed voluntarily. I confirm that I have read and agree to the above noted agreement.

Name

(print): _____

Cell

Phone: _____

Home Phone:

Mailing Address:

Email:

Dated at _____(Town/City),
_____(Province) on this _____day of
_____, 20__.

Client Signature:

X _____

Name