



## CONSENT FORM

The undersigned requests Karyn and/or Karyn's Wellness Coaches, to inform me of and teach me about dietary requirements.

My signature will certify that it has been explained to me that any advice given to me shall not be construed as a treatment of any illness or disease. It has also been explained to me that the above named individuals are not licensed physicians or doctors and are not permitted to diagnose, prescribe or treat illness or disease of any kind.

Further it has been explained to me that any treatment for a specific illness or disease should be rendered by a doctor of medicine to be consulted by the undersigned.

*I herby certify that I have read the above statement before signing below*

X \_\_\_\_\_, 20\_\_\_\_.  
Signature Dated

\_\_\_\_\_  
Print Name Primary Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of Birth (M/D/Y)