

# DRPENNY'S WLGO SERVICE CONTRACT

Contract for Services, Participation Waiver, Liability, Accountability, Fees and Program Funding Policies.

Name of WLG Applicant: \_\_\_\_\_ File # \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact # \_\_\_\_\_

Services Plans: Choose One Plan Only

Professional Services	Fee + Tx	20% Deposit +Tx	80% Balance + Tx	\$Grant Reward
Consultation	\$200	nil	nil	nil
DietSmart 6 weeks	\$2,000	<b>\$400</b>	\$1,600	1,600 upon completion
DietSmart 3 months	\$3,000	<b>\$600</b>	\$2,400	2,500 upon completion
DietSmart 6 months	\$4,000	<b>\$800</b>	\$3,200	2,500 upon completion
DietSmart 1 year	\$6,000	<b>\$1,200</b>	\$4,800	2,500 upon completion
Home Weight Loss Kit	\$249.97	nil	nil	nil
Leptin Patches 30/Set	\$69.97	nil	nil	nil
Personal Training 1hr	\$100	nil	nil	nil

Do you need financing from [www.Medicard.com](http://www.Medicard.com) ? Yes or No

Method of payment: Medicaid, E-Transfer, PayPal, Cash or Master Card.

#### Funding Agreement:

- 20% Enrollment Deposit for WLGO Funding Application, and Approval & Confirmation to Start. Non-Refundable.
  - 80% Program Balance is due in full prior to starting the DIETSMART Clinic. No Refunds after 21 days in the Program.
- \*No Returns or Refunds for Leptin Patches, Portion Containers or other educational tools and materials.

**Cancellations, Terminations or Drop-Outs:** No Refunds. WLGO and DIETSMART FILES WILL BE CLOSED.

**WLGO Goal Weight:** must lose 17% of your body weight for the 80% Grant Reward.

**Accountability:** Each applicant is responsible for program compliance, attendance and liability. Work at your pace and consult your family doctor if you have any health concerns for participation in this program.

**Tax Claim:** The Health & Weight Diagnosis Form completed by your doctor with his consent, all expensed not fundable by WLGO can be claimed on your personal Tax Claim as Medical Expenses.

**On Hold:** Any applicant who is unable to complete the designated Forms or Payments will be put on HOLD for 14 days. File will be closed.

**Photos & Social Media:** Part of our training, education and promotions could include you photo and video, thank you. Non-negotiable.

#### Designated Forms: **Must be completed prior to Start Date**

Enrollment Form @ [www.drpenny.ca](http://www.drpenny.ca)

Service Contract @ Program Consultation Meeting

Health & Weight Diagnosis Form - completed by your doctor and FAX to WLGO Office

Par-Q Form & Waiver from Physical Education & Training Manager – Jordan Boucher

*I hereby agree to the rules and regulations set before me by DrPenny Weight Loss Services Inc., for her professional services as the Accredited Program Provider for WLGO Weight Loss Funding, and for enrollment into the DIETSMART CLINIC. I take full responsibility for my performance, participation, health, accountability and costs. Welcome to the Non-Diet, Non-Medical, Non-Fail, and No nonsense educational & motivational DIET AND Exercise program, are you ready to lose weight? DrPenny WLG Accredited Program Provider.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Dr. Penny.ca*