

WAIVER, RELEASE & LIABILITY

REQUIRED FOR ALL NUTRITION & PHYSICAL FITNESS SERVICES TO START

Check Mark for a YES and Blank for a NO

- Are you 18 years+?
- BMI of over 35+?
- Are you scheduled for any surgery, or have had weight loss surgery in the past year?
- Do you participate in any other diet or weight loss program?
- Can you participate in the workouts?
- Is there any reason why you should not engage in exercise?
- Did you consult your doctor for Medical Clearance?
- Do you have extended Health Care Insurance that covers HOME CARE?
- Do you use a sleep apnea machine?
- Do you have a past or present back injury?
- Are you Diabetic? Type 1 or Type 2
- Do you suffer from heart disease?
- Did you experience obesity in your childhood?
- Is there an obesity trait in your immediate family?
- Are You Ready to Lose Weight the right way?

On a scale of 1 BAD– 10 GOOD

What is your level of self-esteem? 1 2 3 4 5 6 7 8 9 10

What is you level of self-worth? 1 2 3 4 5 6 7 8 9 10

What is you level of self-motivation? 1 2 3 4 5 6 7 8 9 10

NOTE: *If for any reason you are uncomfortable in anyway regarding the philosophy, guidelines and training for the DietSmart Weight Loss Plan, and the Leptin Wight Loss Patches please consult a doctor before starting DrPenny Weight Loss Services Inc. Thank YOU.*

Print your name: _____ Age: _____ Weight: _____

Email: _____ Contact# _____

Sex: _____ Height: _____ BMI: _____

Supplemental Information: for special needs and physical challenges

1. Do you have any issues that require consideration or accommodation?

2. Is there any additional information or special requirements that you would like our Team to be aware of in order to provide a safer and more accessible environment?

3. Do you require assistive devices for walking, stairs or getting to or up from the floor?

PHOTO & SOCIAL MEDIA RELESE FORM: **YES** / **NO**

I consent that DrPenny Weight Loss Services Inc. has the absolute right and permission to post, publish and use any and all photos, videos, and pictures taken during the Clinical Study. January 31 to April 25 2018 including the 1 month follow – up meeting.

By signing this consent I understand that the all photographic material will be in good taste and solely for training and promotional purposes only.

I hereby waive any right that I may inspector and approve the finished used product in which it may be applied to the website, and social media channels.

WAIVER: I, the undersigned, do hereby release and agree to indemnify and save harmless to DrPenny Weight Loss Services Inc., and to their respective employees or agents from all claims for loss, injury, or damage to persons and property while participating in any part of any weight loss services.

Client Signature Date

DrPenny Weight Loss Services Inc Approval Signature Date

Dr. Penny.ca