

**Informed Consent for Nutritional Program**

I, \_\_\_\_\_, agree to allow Jane McGee, who is certified in the field of nutrition, to consult and advise me on a wellness program for myself in my quest to enhance my personal well being. I will follow that program to the best of my ability and will not hold Jane McGee or anyone related to the facility or persons liable for any problems I may incur with such program. I understand that Jane McGee is not a doctor, medical practitioner, or registered dietitian. The nutritional program does not replace the expert advice or medial treatment of my own doctor. I have answered questions regarding my personal health, including any medications that I either currently am taking or have taken.

**Signed:**

**Date:**

**Witnessed by:**

**Date:**