

Client Agreement and Release Form

I understand that **Gray Jessiman, BA, MA, CNTP, CNFC** has earned her certification as a ***Nutrition Therapist Practitioner*** and ***Certified Natural Foods Chef*** from Nutrition Therapy Institute of Denver. She is currently working towards certification as a Master Nutrition Therapist. She has completed over 400 hours in the following courses: Anatomy & Physiology for the Nutritionist, Biochemical Foundations of Nutrition, Nutrients: the Building Blocks, Nutrition Therapy in Practice, Digestion and Detoxification, Weight Management, Life Cycles and Healthy Aging Nutrition, and Clinical Applications, Personal and Professional Skills for the Nutritionist, as well as the Personal Relationship with Food Intensive Learning Workshop. She has also been trained in basic functional blood chemistry through Apex Energetics.

Her nutrition education experience includes running her own company, The Cutting Board from 2011-2017, working as a nutritional health coach for Natural Grocers from 2016-2017, teaching the “Cooking for Health Conditions” class at Nutrition Therapy Institute of Denver in 2017, and currently offering nutritional health coaching at her company, Eat Well Age Well Nutrition.

All information on her website, eatwellagewellnutrition.com, is not intended as medical advice, and should not be misconstrued as such. All content is intended to be used for educational purposes only and is meant to enhance ones overall health.

I understand that the nutritional health coaching may include, but will not necessarily be limited to education around eating habits, supplements and life style. The nutritional counseling offered under this Agreement is acknowledged and understood to be of a strictly non-medical and non-psychological nature and is accepted solely and exclusively for instructional purposes only.

The services provided by Gray Jessiman do not involve the diagnosing, treating, or prescribing of remedies for treatment of disease. The client is encouraged to seek out any medical advice from his or her primary care physician or trained specialist.

I, the undersigned, understand the above statements and agree to pay for specified nutritional consultation services offered to me by Gray Jessiman.

This agreement is being signed voluntarily and not under duress of any kind.

Name: _____

Phone: _____

Date/Signature: _____

