



TNT Inc. Informed Consent and Agreement

I hereby consent to voluntary participation with Total Nutrition Technology Inc., herein after referred to as TNT. The TNT program was explained and I fully understand both the risks and benefits of the program. Furthermore, the level of training and credentials of those providing the program have been disclosed to me. All costs of this program have been outlined for me as well.

TNT will provide leadership to direct my weight management program, monitor my performance, and evaluate my progress. I agree to inform TNT of any changes that occur in my health or medications during my participation that may not be documented on the TNT Evaluation Form.

I have been provided with the duration of time it may take for me to reach my desired goal and I understand that it is my responsibility to contact my medical doctor for any medical issues that arise while participating in the TNT program.

I have been informed by TNT that the information that is obtained in the program will be treated as confidential and will not be released to any person without my expressed written consent.

I understand the program is consecutive. Missed weeks/sessions may not be made up unless there is prior approval from the TNT Health Educator.

Weekly sessions with the Health Educator will be 30 minutes. I understand complete personal attention cannot be given to me unless all of my scheduled appointments are attended and on time. For this reason, it is in my best interest to come to each session on time, prepared and keep to the relevant topic. Cancellation of appointments will not be accepted without a **24 hour notice**. If I do not give the required notice, I understand that will count as a missed session.

The program may not be put on hold unless for medical reasons, in which a note from a physician is required. Vacations, business trips, holidays, etc. should not be an interference with any commitment to the program. In such an event, it is my responsibility to make prior arrangements with the Health Educator.

Restrictions on Program Payment Policy: Full payment for the TNT program is required regardless of program completion. Failure to attend a weekly session does not permit client from balance due. The program is non-transferable, non-assignable, non-refundable, and cannot be terminated except as provided in the TNT Participant Guidelines. I understand that this is a contract that can be terminated or modified only with written consent from TNT corporate.

TNT Payment Plan Agreement:

<i>Program Type:</i>		<i>Additional Services or Products:</i>	
<i>Amount \$ Paid Today</i>		<i>Begin Date:</i>	<i>End Date:</i>
<i>Check (One)</i> <input type="checkbox"/> <i>Paid in Full or</i> <input type="checkbox"/> <i>Monthly Payments</i>		<i>Amount of Payments:</i>	

I acknowledge that I have read this document in its entirety and consent to the program as explained. Furthermore, I have given accurate information to the best of my knowledge regarding my current health risk and condition. I hereby release TNT and its officers, employees and independent contractors, including but not limited to consultants from any and all claims for damages.

_____ Signature	Date:
Client Name:	TNT Rep: