



NUTRITIONAL COUNSELING PROGRAM: INFORMED CONSENT AGREEMENT AND RELEASE OF LIABILITY

I _____ give consent to The University of Texas at Dallas Employee Wellness Center to provide Nutrition Counseling to myself. The consult will provide information and guidance about health factors within my own control: my diet, nutrition and lifestyle.

I understand that Taylor Tran, RD, LD, is a registered dietitian – not a medical physician – and does not dispense medical advice, nor will she diagnose or treat any medical condition, but will provide nutritional support and nutrition education for an already diagnosed condition. She provides education to enhance my knowledge of health through the use of whole foods, dietary supplements and emotional awareness. While nutritional and botanical support can be an important compliment to my medical care, I understand these services are not a substitute for medical care, and that I will not seek medical care or advice from Taylor Tran, RD, LD.

Methods of nutritional evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to Taylor Tran, RD, LD, will be on a voluntary basis and will be kept confidential to the extent permitted by law, unless I consent to sharing my medical information.

In consideration for my participation in the Nutritional Counseling Program, I hereby accept all risks to my health that may result from such participation. I hereby release UT Dallas, its governing board (The University of Texas System Board of Regents), officers, employees and representatives in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Nutritional Counseling Program, WHETHER CAUSED BY ANY TYPE OF NEGLIGENCE OF UT DALLAS, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UT Dallas and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) that may result from my negligent or intentional act or omission while participating in the Nutritional Counseling Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH THAT OCCURS WHILE PARTICIPATING IN THE NUTRITIONAL COUNSELING PROGRAM AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

This release and agreement shall be construed in accordance with the laws of the State of Texas, which shall be the forum for any lawsuit filed under or incident to this agreement or participation in this program.

Client's Signature

Date

Print Name

Date