



INFORMED CONSENT
FOR EDEN NUTRITION PROGRAMME

I acknowledge that the purpose of this nutritional programme is to help improve my health, wellness and lifestyle.

I am employing the services of Natalie Lyner and Eden Nutrition NI so that I can obtain information and guidance about health factors within my own control (such as diet, hydration, lifestyle, wellness and various other related behaviours) in order to help support my fitness goals.

I understand that Natalie Lyner is a nutritional educator and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to food consumption, hydration, lifestyle and related activities. While dietary support can be an important compliment to my medical care, I understand that a nutritional programme is not a substitute for the diagnosis, treatment, or care of a disease, illness or injury by a medical provider.

Dietary evaluations and lifestyle assessments are not intended for the diagnoses of disease. Rather, these are intended as a guide for the development of a nutritional programme and used to monitor my progress in achieving my health and wellness goals.

I understand that Natalie Lyner at Eden Nutrition NI will keep all documents related to me (including, but not limited to, assessments, food diaries, forms, worksheets, audio, transcripts, video or images) and any notes that relate to me, as a record of our work together. I understand that records may also document the topics that we talk about, my progress, plans discussed or any other considerations that may be helpful to my fitness and wellness. Records will be stored in a secure location.

Medical records, personal information and health history divulged to Natalie Lyner at Eden Nutrition NI in or out of session, will be kept strictly confidential unless I consent to sharing this information by way of a signed release.

I understand that every person is unique and it is not possible to determine in advance how my system will react to certain foods, drinks or dietary products that may be suggested to me from time to time. I agree that it may be necessary to adjust my plan for



specific events or until my body can begin to properly accept nutritional changes. I accept that it is my responsibility and decision to use or disregard nutritional and exercise guidelines. It is also my responsibility to hydrate well, get plenty of rest and learn about nutrition.

I agree to hold Natalie Lyner and Eden Nutrition NI harmless for claims or damages in connection with our work together under the terms of this consent form. I understand that this consent form is also a release of her liability. I accept that the advice under this programme is not a guarantee for reaching my health goals, and that I should not use food supplements as a substitute for a varied diet.

All components of the nutritional programme have been explained to me and demonstrated but I should feel free to ask any questions I may have. I agree that I will inform Natalie Lyner at Eden Nutrition NI if there is any reason why I should not continue with the nutritional programme; for example, an illness or an injury that require medical advice. If, at any time, I feel undue pain or excessive discomfort, I will stop the programme undertakings immediately and inform Natalie Lyner and Eden Nutrition NI of my symptoms. I am at all times responsible for seeking medical advice where appropriate.

I understand I am free to withdraw from the programme at any time I wish. I agree to take part in the programme described to me by Natalie Lyner at Eden Nutrition NI. The nature, purpose, risks and benefits have been explained to me and I understand what is required of me and that I may withdraw at any time. The services may also be terminated at the discretion of Natalie Lyner at Eden Nutrition NI with sufficient notice.

I understand the intellectual property rights and privacy of all of the materials and information provided to me during this programme. I agree to use the session handouts for personal non-commercial purposes only.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____