

## Pure Vitality

3614 Highway 5, Douglasville Georgia 30135  
(770) 920-7873 | 1-800-927-8473  
[www.getpurevitality.com](http://www.getpurevitality.com)

**WELCOME!** We are glad that you are choosing to make you and your health a priority, and we are grateful that you have chosen Pure Vitality to be a part of that journey. We offer a comprehensive approach to alternative healthcare that addresses the root cause of symptoms by using many different specialties to promote health of the whole person- mind and body.

### BASIC PRINCIPLES OF ALTERNATIVE MEDICINE:

- **We partner with you in the healing process to help your body heal itself.** It is not our responsibility to “fix” you; we partner with you and provide you with the support, recommendations, and protocols to help you reach your health goals, but the real work is yours to do.
- **We address the root cause.** We take into consideration all factors that can influence health and wellness including: food, toxins, allergies, infections, stress levels, and emotional health. We are health detectives working to get to the root cause of the problem in your body and mind by helping you understand why you got sick in the first place, by recommending natural protocols to bring your body back into balance and also prevent future disease.
- **We believe God designed the body to be healthy.** We believe the body has a blueprint for health and is created by God to be healthy.  
We operate from a Biblical perspective at Pure Vitality.

### WHAT YOU CAN EXPECT WHEN WORKING WITH US

- **Body & Brain Connection:** We help you heal your body and brain by addressing the root cause affecting both. Your brain has been impacted by stress and trauma that keeps it stuck in the fight/flight response. This causes areas of the brain to be triggered by stress and can hinder the body from healing if it's not addressed.
- **Patches:** We help the brain heal with patches that imprinted homeopathic remedies that are worn on the skin. The patches help to heal the areas of your brain that have been affected by stress and trauma and they also stop that lingering stress response so the body can return to a calmer state. This means you will have less anxiety and those racing thoughts may go away. It helps the body shift into a calmer place where true healing can occur. This is why this protocol is an important part of our program.

- **Coaches and Practitioners– A Team Approach:** Because the patches work so well at healing the brain and reducing stress and anxiety, when you go through this program, you need help adjusting to a new reality without anxiety as well as help making diet and lifestyle changes. This means that you will have a coach to help you implement and adjust to your protocol. You'll also work with a practitioner who will run a bio-energetic scan and recommend a protocol to address your root causal issues.
- **Format of Program:**
  - ☐ 2-3 Sessions with our Coach each month
  - ☐ 1 Sessions with our Holistic Health Practitioner
  - ☐ Access to videos, Eating Guide, cookbook, and workbook to support you

**WHAT DO I NEED FOR MY APPOINTMENT?** If you are seeing us in person, bring a copy of the intake form filled out, any recent labwork if you have it, and your nutritional supplements you currently take. Please be aware that some of our clients are sensitive to chemicals and fragrances. We ask that you (and anyone accompanying you) not to wear perfumes, colognes, or any product containing fragrances.

If you are working with us remotely, you can email us a copy of your lab work and the intake form.

**HOW LONG WILL IT TAKE TO GET WELL?** For each person, the journey to health takes a different length of time– the average time frame for recovery is 3-6 months, and sometimes longer, depending on the severity of symptoms. This process is truly healing the body at a core level and preventing future disease because we are not just covering up symptoms.

**CANCELLATION POLICY:** At Pure Vitality, we value and respect your time. The time we have reserved for your health care is dedicated solely to you. As such, we require a minimum of 48 hours be given for any appointment change or cancellation. A \$30 cancellation fee will be charged for all changes and cancellations made with less than 48 hour notice. Clients who arrive late by 15 minutes or more will have to reschedule their appointment.

**SCHEDULING:** When scheduling your first visit, credit card information will be required to reserve your appointment. If for some reason you choose not to keep your scheduled initial evaluation, and fail to notify us within 48 hours of the appointment, a non-refundable cancellation fee of \$30 will be charged.

**PAYMENT:** Payment is expected at the time of service for each visit. Pure Vitality currently accepts the following forms of payment: cash, American Express, Discover, MasterCard, and Visa. **We do not accept checks.** Supplements must be paid for at the time of pick up and when calling in orders for shipment.

**INSURANCE:** Some people are able to pay for our services with their Flex Plans or Health Savings Accounts, however many insurance companies do not cover our services. Questions about your coverage should be directed to your insurance carrier prior to scheduling your services.

**PHONE APPOINTMENTS/ REMOTE APPOINTMENTS:** Out of state? No problem! We offer phone or Zoom video chat appointments for people who are unable to make it to our office due to long distance or other factors. We offer remote health evaluations and emotional coaching, so no matter where you live in the US, you can utilize our services.

**SHIPPING POLICY:** We ship via USPS 2-3 day priority unless otherwise specified by the customer at the time of order. Most orders are processed and shipped within 2 business days of placement.

**RETURN POLICY:** We cannot provide refunds for any supplements or products once they are opened. Unopened supplements can be returned within 30 days of purchase for a full refund.

**SUPPLEMENT ORDERS OR REFILLS:** We offer several options for making ordering refills as convenient as possible.

- You may pick up your items at the front desk during business hours: Monday-Friday 9 am to 5:30 pm, Saturdays from 9:30 am to 2 pm.
- We can ship items USPS 2-3 day priority for a shipping charge starting at \$7.35.
- Call us at **770-920-7873** or email us at **getpurevitality@gmail.com** to order supplements.
- Please allow 48 hours advance notice to prepare your order.
- Special order supplements may need extra time.
- Supplements must be paid for at the time of pick up and when calling in orders for shipment.

**OUR PROMISE TO YOU:** If you have made it this far in this welcome packet, you probably realize by now that we take what we do very seriously and provide a high level of care for our clients. Our reputation at Pure Vitality is built on getting our clients excellent result and for that to happen, the client has to partner with us while the body heals itself naturally. If client's don't fully believe they can get well, then that tends to be what happens. We are not willing to compromise our track record of wellness for those who are skeptical of alternative medicine or not willing to invest in their health. It is an investment and a commitment to yourself. If you are ready to invest in and commit to yourself, we would LOVE to partner with you. We know we'll deliver. Will you?

If so, please read and sign our client agreement below and fill out the forms on the next few pages. Bring them with you to your first appointment. We look forward to working with you!

## CLIENT AGREEMENT

As your practitioner/coach, my role is...

- To be fully present during your appointment and listen carefully
- To serve as your accountability partner
- To stretch you to take responsibility for your health and grow to a higher level
- Offer honest feedback
- Create an action plan and protocol for you to meet your goals

As a client, your role is...

- Show up on time for your appointments with no distractions
- Give 100% of your effort towards following your protocol during your program
- Take your supplements faithfully and take the action we decide upon
- Be open and teachable
- Make your payments on time
- Give at least 48 hour notice for any appointment cancellations

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Signature of client

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Date

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Signature of Practitioner/Coach

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Date



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current weight: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_  
Email address: \_\_\_\_\_ Relationship status: \_\_\_\_\_  
Children?: \_\_\_\_\_ Ages: \_\_\_\_\_ Pets: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ Would you like to receive our newsletter? \_\_\_\_\_

**Present Complaints: List the your main health problems:**

1. \_\_\_\_\_ When did it start? \_\_\_\_\_
2. \_\_\_\_\_ When did it start? \_\_\_\_\_
3. \_\_\_\_\_ When did it start? \_\_\_\_\_
4. \_\_\_\_\_ When did it start? \_\_\_\_\_
5. \_\_\_\_\_ When did it start? \_\_\_\_\_

**Please rate your current overall health:**

- I don't have any symptoms. I feel good most of the time and want to prevent disease.
- I have minor health problems, but they don't hold me back from doing what I want in life.
- My health has started to break down and my symptoms have started to interfere with life.
- I have significant health problems and it's affected by life to the point where daily tasks are difficult. I feel terrible most of the time.

**Medications or nutritional supplements you are currently taking:** (List them)

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**Section 1– Read each symptom and circle the number that applies.**

Key: 0=no, symptom does not occur      2=Moderate symptom, occurs weekly  
1=Yes, mild symptom, rarely occurs      3=Severe symptom, occurs daily

- |  |  |
|--|--|
| 1. 0 1 2 3 Heartburn or Acid Reflux    | 9. 0 1 2 3 Fingernails chip, break, peel |
| 2. 0 1 2 3 Burping or Gas after eating | 10. 0 1 2 3 Anemia unresponsive to iron  |
| 3. 0 1 2 3 Bloating after eating       | 11. 0 1 2 3 Stomach pain or cramps       |
| 4. 0 1 2 3 Bad breath                  | 12. 0 1 2 3 Diarrhea, chronic            |
| 5. 0 1 2 3 Sweat has a strong odor     | 13. 0 1 2 3 Diarrhea after meals         |
| 6. 0 1 2 3 Feel better if I don't eat  | 14. 0 1 2 3 Black or dark stool          |
| 7. 0 1 2 3 Sleepy after meals          | 15. 0 1 2 3 Undigested food in stool     |
| 8. 0 1 2 3 Burning pain in stomach     |  |

**Section 2– Read each symptom and circle the number that applies.**

Key: 0=no, symptom does not occur                      2=Moderate symptom, occurs weekly  
1=Yes, mild symptom, rarely occurs                      3=Severe symptom, occurs daily

- |  |                                     |
|--|-------------------------------------|
| 16. 0 1 2 3 Skip days between bowel mvmts    | 24. 0 1 2 3 Dark circles under eyes |
| 17. 0 1 2 3 Stools hard or difficult to pass | 25. 0 1 2 3 History of parasites    |
| 18. 0 1 2 3 Cramping on lower abdomen        | 26. 0 1 2 3 Coated tongue           |
| 19. 0 1 2 3 Blood in stool                   | 27. 0 1 2 3 Anus itches             |
| 20. 0 1 2 3 Mucus in stool                   | 28. 0 1 2 3 Constipation            |
| 21. 0 1 2 3 IBS or colitis                   | 29. 0 1 2 3 Stools are loose        |
| 22. 0 1 2 3 Yeast Infections                 | 30. 0 1 2 3 Bad smelling gas        |
| 23. 0 1 2 3 Nail fungus or athletes foot     |                                     |

**Section 3– Read each symptom and circle the number that applies**

- |   |   |
|---|---|
| 31. 0 1 2 3 Food allergies              | 38. 0 1 2 3 Pulse speeds after eating             |
| 32. 0 1 2 3 Bloating after eating       | 39. 0 1 2 3 Nightmares                            |
| 33. 0 1 2 3 Airborne allergies          | 40. 0 1 2 3 Feel spacy or unreal                  |
| 34. 0 1 2 3 Wheat or gluten sensitivity | 41. 0 1 2 3 Alternating diarrhea/<br>constipation |
| 35. 0 1 2 3 Dairy sensitivity           | 42. 0 1 2 3 Hives                                 |
| 36. 0 1 2 3 Sinus congestion            |   |
| 37. 0 1 2 3 Craves bread and pasta      |   |

**Section 4– Read each symptom and circle the number that applies**

- |  |   |
|--|---|
| 43. 0 1 2 3 Nausea                         | 50. 0 1 2 3 Headache over eyes                              |
| 44. 0 1 2 3 Pain between shoulder blades   | 51. 0 1 2 3 Easily intoxicated                              |
| 45. 0 1 2 3 Skin rashes, acne, eczema, etc | 52. 0 1 2 3 Hemorrhoids or varicose veins                   |
| 46. 0 1 2 3 Age or "Liver" spots           | 53. 0 1 2 3 Sensitivity to perfumes or<br>chemicals, etc... |
| 47. 0 1 2 3 Greasy foods upset stomach     | 54. 0 1 2 3 Pain under right rib cage                       |
| 48. 0 1 2 3 Gallbladder attacks or stones  | 55. 0 1 2 3 Insomnia  |
| 49. 0 1 2 3 Motion sickness                |   |

**Section 5– Read each symptom and circle the number that applies.**

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|---|--|
| 56. 0 1 2 3 Carpal Tunnel Syndrome      | 60. 0 1 2 3 Bursitis or tendonitis     |
| 57. 0 1 2 3 Osteoporosis or Osteopenia  | 61. 0 1 2 3 Joints pop or crack        |
| 58. 0 1 2 3 Legs or foot cramps at rest | 62. 0 1 2 3 White spots on fingernails |
| 59. 0 1 2 3 Pain or swelling in joints  | 63. 0 1 2 3 Decreased taste or smell   |

**Section 6– Read each symptom and circle the number that applies.**

- |   |   |
|---|---|
| 64. 0 1 2 3 Intense Fatigue               | 69. 0 1 2 3 Muscle twitching              |
| 65. 0 1 2 3 Brain Fog                     | 70. 0 1 2 3 Unexplained fevers            |
| 66. 0 1 2 3 Memory loss-short & long term | 71. 0 1 2 3 Headaches/Migraines           |
| 67. 0 1 2 3 Pain or swelling in joints    | 72. 0 1 2 3 Poor concentration            |
| 68. 0 1 2 3 Stiff joints in morning       | 73. 0 1 2 3 Sore soles of feet in morning |

**Section 7– Read each symptom and circle the number that applies.**

Key: 0=no, symptom does not occur  
1=Yes, mild symptom, rarely occurs

2=Moderate symptom, occurs weekly  
3=Severe symptom, occurs daily

- |  |  |
|--|--|
| 74. 0 1 2 3 Body jerks as falling asleep | 79. 0 1 2 3 Nosebleeds                   |
| 75. 0 1 2 3 Restless leg syndrome        | 80. 0 1 2 3 Bruise easily                |
| 76. 0 1 2 3 Small bumps on back of arms  | 81. 0 1 2 3 Gums bleed easily            |
| 77. 0 1 2 3 Heart races                  | 82. 0 1 2 3 Depressed regularly          |
| 78. 0 1 2 3 Worrier, anxious             | 83. 0 1 2 3 Numbness or tingling in body |
|  | 84. 0 1 2 3 Loss of muscle tone          |

**Section 8– Read each symptom and circle the number that applies.**

- |   |                                       |
|---|---------------------------------------|
| 85. 0 1 2 3 Difficulty falling asleep                   | 91. 0 1 2 3 Headache after exercise   |
| 86. 0 1 2 3 Slow starter in the morning                 | 92. 0 1 2 3 Chronic low back pain     |
| 87. 0 1 2 3 Become dizzy when standing suddenly         | 93. 0 1 2 3 Clench or grind teeth     |
| 88. 0 1 2 3 Difficulty holding chiropractic adjustments | 94. 0 1 2 3 Perspire too easily       |
| 89. 0 1 2 3 Arthritis                                   | 95. 0 1 2 3 Hives                     |
| 90. 0 1 2 3 Crave salty food                            | 96. 0 1 2 3 Bright light hurts eyes   |
|   | 97. 0 1 2 3 Slow recovery from stress |

**Section 9– Read each symptom and circle the number that applies**

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|--|----------------------------------|
| 98. 0 1 2 3 Difficulty losing weight   | 106. 0 1 2 3 Sensitive to iodine |
| 99. 0 1 2 3 Loss of outer 1/3 eyebrows | 107. 0 1 2 3 Fast pulse at rest  |
| 100. 0 1 2 3 Mentally sluggish         | 108. 0 1 2 3 Nervousness         |
| 101. 0 1 2 3 Cold hands and feet       | 109. 0 1 2 3 Sensitivity to cold |
| 102. 0 1 2 3 Hair loss                 | 110. 0 1 2 3 Intolerant to heat  |
| 103. 0 1 2 3 Easily fatigued           | 111. 0 1 2 3 Flush easily        |
| 104. 0 1 2 3 Seasonal sadness          | 112. 0 1 2 3 Heart palpitations  |
| 105. 0 1 2 3 Low body temperature      |                                  |

**Section 10– Read each symptom and circle the number that applies.**

- |  |  |
|--|--|
| 113. 0 1 2 3 Crave sweets                                  | 118. 0 1 2 3 Get shaky or weak if hungry |
| 114. 0 1 2 3 Awaken during night, hard to fall back asleep | 119. 0 1 2 3 Sleepy in afternoon         |
| 115. 0 1 2 3 Excessive appetite                            | 120. 0 1 2 3 Fatigue relieved by eating  |
| 116. 0 1 2 3 Crave coffee or sugar in afternoon            | 121. 0 1 2 3 Afternoon headaches         |
| 117. 0 1 2 3 Headache if meals are delayed                 | 122. 0 1 2 3 Irritable before meals      |

**Section 11– Women only:**

Key: 0=no, symptom does not occur  
1=Yes, mild symptom, rarely occurs

2=Moderate symptom, occurs weekly  
3=Severe symptom, occurs daily

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|---------------------------------------|----------------------------------|
| 123. 0 1 2 3 Painful menstrual cycle  | 131. 0 1 2 3 Uterine fibroids    |
| 124. 0 1 2 3 Mood swings around cycle | 132. 0 1 2 3 Fibrocystic breasts |
| 125. 0 1 2 3 Painful breasts at cycle | 133. 0 1 2 3 Hot flashes         |
| 126. 0 1 2 3 Irregular cycles         | 134. 0 1 2 3 Vaginal itchiness   |
| 127. 0 1 2 3 Heavy menstrual flow     | 135. 0 1 2 3 Vaginal discharge   |
| 128. 0 1 2 3 Acne at menstrual cycle  | 136. 0 1 2 3 Night sweats        |
| 129. 0 1 2 3 Yeast Infections         | 137. 0 1 2 3 Menopausal symptoms |
| 130. 0 1 2 3 Endometriosis            |                                  |

**Section 12– Men only section:**

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|---|--|
| 138. 0 1 2 3 Prostate problems              | 142. 0 1 2 3 Fatigue                                 |
| 139. 0 1 2 3 Decreased libido               | 143. 0 1 2 3 Pain on inside of legs or heels         |
| 140. 0 1 2 3 Urination difficult            | 144. 0 1 2 3 Feeling of incomplete bowel elimination |
| 141. 0 1 2 3 Pain or burning with urination |  |

**Section 13– Read each symptom and circle the number that applies.**

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|---|--|
| 145. 0 1 2 3 Shortness of breath with moderate exertion | 149. 0 1 2 3 Muscle cramps during exercise         |
| 146. 0 1 2 3 Opens windows in closed room               | 150. 0 1 2 3 Hands and feet go to sleep            |
| 147. 0 1 2 3 Sigh frequently                            | 151. 0 1 2 3 Dull pain in chest, worse on exertion |
| 148. 0 1 2 3 Bruise easily                              |  |

**Section 14– Read each symptom and circle the number that applies**

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|--|--|
| 152. 0 1 2 3 Pain upon urination           | 156. 0 1 2 3 History of kidney stones                        |
| 153. 0 1 2 3 Frequent bladder infections   | 157. 0 1 2 3 Pain in low back                                |
| 154. 0 1 2 3 Cloudy, bloody, or dark urine | 158. 0 1 2 3 Puffy eyes or Dark circles under eyes regularly |
| 155. 0 1 2 3 Urine has strong odor         |  |

**Section 15– Read each symptom and circle the number that applies.**

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|---------------------------------------|--|
| 159. 0 1 2 3 Catch colds/flu easily   | 163. 0 1 2 3 Poor wound healing  |
| 160. 0 1 2 3 Runny or drippy nose     | 164. 0 1 2 3 History of Epstein Bar, Mono, Herpes, Shingles or Chronic Fatigue |
| 161. 0 1 2 3 Swollen lymph nodes      |  |
| 162. 0 1 2 3 Gets boils, cysts, styes |  |



**Do you consume any of these regularly? If so, how often?**

- Coffee: \_\_\_\_\_ cups per:    Day Week Month
- Soft drinks: \_\_\_\_\_ can per:    Day Week Month
- Diet soda: \_\_\_\_\_ can per:    Day Week Month
- Candy: \_\_\_\_\_ times per:    Day Week Month
- Chocolate: \_\_\_\_\_ times per:    Day Week Month
- Alcohol: \_\_\_\_\_ times per:    Day Week Month
- Fast food: \_\_\_\_\_ times per:    Day Week Month
- Milk/cheese: \_\_\_\_\_ times per:    Day Week Month
- Fried food: \_\_\_\_\_ times per:    Day Week Month
- I use Margarine / tub spreads  Yes  No

**Current Diet Information:**    Give some examples of foods you typically eat:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snacks: \_\_\_\_\_

Dinner: \_\_\_\_\_

Liquids: \_\_\_\_\_

How many meals do you eat per day? \_\_\_\_\_ What meals do you skip? \_\_\_\_\_

Do you cook? \_\_\_\_\_ What percentage of meals are home-cooked? \_\_\_\_\_

**Health History:**

List any major illnesses with approximate dates:

Illness:	Date:	Recovered?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any family history of serious illnesses?

- Cancer             Heart Disease     Diabetes     Other: \_\_\_\_\_

Please list any surgeries, operations, traumas, car accidents, etc...:

\_\_\_\_\_  
\_\_\_\_\_

**What are your Hobbies:** \_\_\_\_\_

What would you like to do once you get healthier that you can't do now? \_\_\_\_\_

\_\_\_\_\_

**Commitment Level:**    **How serious are you about improving your health?**

- Very serious     Serious     Moderate     Not sure if I can

**Over the last few months, how often have you been worried or anxious about a number of events or activities in your daily life?**

- Never
- Rarely
- Weekly
- Daily

**How would you rate your overall anxiety or stress level currently?**

- Mild
- Moderate
- Severe
- Off the charts!!

**What is causing the most stress in your life recently?**

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**Describe what you would like your life to look like once you achieve your health and wellness goals?**

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**What would having that do for you?**

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**What is the biggest thing stopping you from having it now?**

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**Who else in your life could benefit from you being at your best?**

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## **Cancellation Policy**

We consider an appointment to be an agreement between you and our office. The practitioners who work here take pride in helping each and every person. Many of our practitioners are independent contractors. If you fail to give due notice or do not show up for your appointment, your practitioner becomes unavailable to provide services to another client during that scheduled time.

You will be held responsible for keeping the appointment or giving a 48-hour notice of cancellation. If for any reason you are not able to keep your scheduled appointment, and fail to notify Pure Vitality 48 hours before your scheduled appointment time, the credit card securely stored on your profile with MindBody Online will be charged \$30.00

Please note that any client who arrives 15 minutes late or more to their appointment, they will be considered a no-show and will be charge the \$30.00 cancellation fee. The client will be rescheduled at the request of our practitioners.

I hereby authorize Pure Vitality to make charges on my credit card in the amount of \$30.00 and fully understand that in the event that I do not give adequate notice of cancellation of an appointment or arrive 15 minutes later than the scheduled time the non-refundable charge will take place.

\*All information is safely stored online under individual client profiles in MindBody Online's secure database. Once the credit card is stored, it cannot be accessed in full by management. This allows for coded transactions to take place utilizing stored credit card information.

### **Disclaimer**

The computerized Electro-Dermal Screening device (Qest4) provides a completely non-invasive method for gaining valuable information about how your body functions. The primary objective is to find patterns of stress and provide feedback that will assist in developing a program to restore areas of the body to balance.

- I understand that the Qest4 survey does not provide medical diagnosis and that my testing technician may recommend further medical testing. If I suspect that I need further medical intervention, I understand that I should consult MY physician. I give my permission for the testing technician to evaluate me on the Qest4. I understand in doing so my testing technician is NOT becoming my primary care physician. I understand that the testing technician will give me information about myself and make recommendations based on the screening. I understand that the testing technician will not pass judgements on prescribed medications and it is the responsibility of my primary care physician to make any changes to my prescribed medications. Any decision to follow through with the recommended program is my own decision and I hold the testing technician harmless.
- I understand that the Qest4 screening does not diagnose diseases in the body. I understand that the role of Pure Vitality is not to prescribe, to diagnose, treat, or cure any disease, condition or other physical or mental ailment of the human body. Rather, Pure Vitality is a mentor and guide who has been trained in Holistic and Naturopathic health to help clients reach their own health goals by helping clients implement positive lifestyle changes. I understand that Pure Vitality is not acting in the capacity of a doctor, licensed dietician-nutritionist, psychologist, or other licensed or registered professional, and that any advice given by Pure Vitality is not meant to take the place of advice by these professionals.
- I understand that I am here to learn about natural health and better lifestyle practices and I will be offered information about food, supplements, and herbs as a guide to general health. I take full responsibility for my life and well-being, as well as the lives and well-being of my family and children (where applicable) and all decisions made while working with Pure Vitality. I assume risks of trying new foods or supplements, and the risks inherent in making lifestyle changes. I release Pure Vitality from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which I ever had, now has, or will have in the future against Pure Vitality, arising from my past or future participation in programs and services, unless arising from the gross negligence of Pure Vitality.
- CONFIDENTIALITY: Pure Vitality will keep the client's information private, and will not share the client's information to any third party unless compelled by law.
- ARBITRATION, CHOICE OF LAW AND LIMITED REMEDIES In the event that there ever arises a dispute between Pure Vitality and the Client with respect to the services provided pursuant to this agreement or otherwise pertaining to the relationship between the parties, the parties agree to submit to binding arbitration before the American Arbitration Association. Any judgement on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Such arbitration shall be conducted by a single arbitrator. The sole remedy that can be awarded to the Client in the event that an award is granted in arbitration is refund of fees. Without limiting the generality of the foregoing, no award of consequential or other damages, unless specifically set forth herein, may be granted to the Client.
- This agreement shall be construed according to the laws of the State of Georgia. In the event that any provision of this agreement is deemed unenforceable, the remaining portions of the agreement shall be severed and remain in full force.
- If the terms of this agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: he/she has received a copy of this letter agreement; he/she has had an opportunity to discuss the contents with Pure Vitality and, if desired, to have it reviewed by an attorney; and the Client understands, accepts, and agrees to abide by the terms hereof.

Client name: \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian Signature (if under 18 years of age): \_\_\_\_\_  
Relationship: \_\_\_\_\_

Date: \_\_\_\_\_