

Mary Coyle  
Wellness Renewal, Inc.  
1133 Broadway, Rm 1015  
NY, NY 10010

## INFORMED CONSENT AND RELEASE AGREEMENT

1. I, the undersigned, am requesting admission into an education program and the self-application of the knowledge learned from that program for the purpose of improving my well-being and health, which program is conducted by Wellness Renewal, Inc. and Mary Coyle.

2. I am aware that this program includes miscellaneous components, including, but not limited to, a self-health appraisal and/or history which may include a list of supplements taken, miscellaneous testing which I may deem necessary to provide information, one-on-one consultations with Mary Coyle and/or employees or agents of Wellness Renewal, Inc. and education into the various health modalities available to improve my health, including, but not limited to, diet, detoxification, supplementation and the latest technology for health renewal. It is my understanding that this program will assist me in creating a personal, tailor-made diet and there will be follow-up education sessions after the initial program is disseminated. I am aware that each human body is different at all levels, including structurally and bio-chemically, and accordingly, each body will react differently to the self-application which will be placed upon it. Accordingly, there is no certainty or predictability as to how my body might react to the miscellaneous knowledge which I intend to make use of in the improving of my well-being and health.

3. I also am aware that under no circumstances will Mary Coyle, under/or any employees or agents of Wellness Renewal, Inc. be engaging in diagnosis, treatment, operating and prescribing any human disease, pain, injury, nor are there licensed physicians or other health-providers authorized by law to engage in such activities.

4. I am aware that under no circumstances is this program a substitute or alternative to proper medical care or supervision and agree that at all times during this program I will take responsibility for being under the regular and continuous supervision of my chosen doctor.

5. Based upon my evaluation on the advisability of my participation in the program in terms of my personal history and physical condition, and I understand that I will be ultimately responsible for my own health and well-being, I warrant and represent that I am in good physical and mental health and condition, and have no ailments, disability or impairments which might prevent me from participating in the program, nor which might be aggravated or activated by my participation, nor would be harmful, injurious or detrimental to my health, safety and physical condition or well-being, if I so choose to participate in the program.

6. I warrant and represent that I have discussed my intention to participate in this program with my physician and have described its various components to him/her, and I have obtained the permission and advice from my physician that my participation is not likely to aggravate or activate any symptoms, illnesses, or disorders which I may have, nor would it be harmful, injurious or detrimental to my health, safety or physical condition or well-being if I so participate in the program.

7. I acknowledge that I am participating in this program of my own free will, and acknowledge that no effort has been made by Mary Coyle or Wellness Renewal, Inc. to encourage me to participate. Nor has any claim, promise, or guarantee been made regarding the effectiveness, usefulness, perform-

ance or safety of the program.

8. I acknowledge that I have evaluated the advisability of participating in this program and I accordingly agree that I take full responsibility for the physical, mental, emotional transformations I attain as a result of my participation. I acknowledge and declare that I am voluntarily participating, and in consideration of your consent to allow my participation in the program. I hereby agree for myself, my heirs, and assigns to hold Mary Coyle, Wellness Renewal Inc. and any employees or agents thereof free of and harmless from any and all liability arising out of my participation in the program. I take full responsibility for any and all injuries or losses, freely and knowingly voluntarily agree to assume all risks involved, if any, during the program.

9. I acknowledge that I have read the above eight paragraphs. I fully understand each and every one of them, and I freely and voluntarily agree to abide by all of these conditions as evidenced by my signature below.

\_\_\_\_\_

Date

\_\_\_\_\_

Print Client Name

\_\_\_\_\_

Guardian Name

\_\_\_\_\_

Client/Guardian Signature