



Informed Consent for CFF Diet Weight Control Plan

I affirm that the information on this Health Status Intake Form is complete and accurate and I have disclosed any medical conditions that may be contraindications to go on the CFF Diet weight loss plan. _____ (please initial here)

I understand that I must take the supplements that are provided by CFF while I am on the CFF Diet weight loss plan. _____ (please initial here)

Consent to participate:

I hereby consent to act as a participant in a weight control plan involving the use of protein and other supplements. I understand that various employees may provide this to me.

If I have any questions about this or need further explanations, I understand that I should speak with my medical provider before starting any weight loss program.

I have been informed that the possible benefit and value of this treatment is not guaranteed. I understand that there are many alternative treatments or procedures that are appropriate and available that might be beneficial to me. Some of those alternatives or choices include but may not be limited to:

1. No treatment at all.
2. Conservative lifestyle changes.
3. Drugs.
4. Surgery.
5. Watch and wait, while reporting my condition to a physician.

I understand that I have the right not to participate in this plan or to discontinue it after I have begun, for any reason whatsoever. I understand that I have the right to ask questions and to know the purpose and objectives of my weight loss plan.

Having read this page, I hereby consent to this plan. I have had adequate time to ask any questions and understand the answers provided. At this time I have no other questions, but I am aware that any future questions may be posed and will be responded to in a timely fashion.

Dieter Name _____

Dieter Signature _____

Date _____

Coach Signature _____

Date _____