



## Nutrition Consent Form

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of nutrition and supplementation planning. In signing this document, I acknowledge that I have informed BONA Industries Inc. and its representatives of all possible food allergies, and dislikes.

I also understand that all supplements that BONA Industries Inc. recommends are suggestions and I should not take them without reading all labels and warning information. Furthermore, I will do my own research before taking these products.

By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this meal plan. I understand that questions about nutrition and supplementation procedures and recommendations are encouraged and welcomed.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_