

CLIENT CONSENT AGREEMENT

I, _____ understand that this form constitutes my agreement to purchase health/nutrition coaching services from Connie Fox as a health education opportunity and are not intended to replace individual medical care in any way. Client understands that Connie Fox is not available for questions except during scheduled follow-up phone consultations.

RESCHEDULING CONSULTATIONS: A 48 hour notice via email is required to reschedule initial consultation. Written material is provided to Client promptly after the Client's initial consultation is paid for and scheduled, and Connie Fox begins reviewing Client's forms and labs and prepares for the initial consultation. Therefore, no refunds are given. A 24 hour notice is required via email to reschedule a follow-up consultation or to cancel a follow-up consultation and receive a full refund.

PAYMENTS FOR UNSCHEDULED ADDITIONAL CONSULTATION TIME: If Client would like to extend follow-up consultation time and if Connie Fox has additional time available, Client understands they will be billed for additional consultation time at the rate of \$3.30 per minute via a Paypal invoice, and Client agrees to pay invoice within 48 hours upon receipt [equals \$200 hourly].

PHONE CALL CONTACT INFORMATION FOR CLIENTS OUTSIDE THE UNITED STATES: Client understands that if they are not located in the United States, Client is to call Connie Fox directly for the consultation at the phone number provided to Client.

DISTRIBUTION OF ALL DOCUMENTS AND MATERIALS PROVIDED TO CLIENT FROM CONNIE FOX CONSULTING LLC: Client understands that Connie Fox's upcoming book, "*Mercury Poisoned*" and all documents, including any information provided in Client's Personalized Program is copyrighted material, intended for Client only and is strictly forbidden to be distributed or shared in any capacity with the exception of Client's doctor, spouse or family member and Client agrees to these terms.

DISCLAIMER OF HEALTH CARE RELATED SERVICES: Connie Fox Consulting LLC encourages the Client to be under the care and guidance of a local physician. The Client understands that Connie Fox Consulting LLC is not acting in the capacity of a doctor, nurse or psychiatrist. The client understands that Connie Fox Consulting LLC is not providing health care, medical or nutrition therapy services and will not diagnose, treat or cure in any manner whatsoever any disease, health condition or other physical or mental ailment of the human body. The Client has chosen to work with Connie Fox of Connie Fox Consulting LLC as a licensed and board licensed Holistic Health Practitioner and certified Nutrition Consultant who is licensed under the American Association of Drugless Practitioners and understands that the information received should not be seen as medical or nursing advice and is not meant to replace seeing other licensed health care professionals.

PERSONAL RESPONSIBILITY AND RELEASE OF HEALTH CARE RELATED CLAIMS: The Client acknowledges and takes full responsibility for the Client's life and well-being, as well as the lives and wellbeing of the Client's family and children (where applicable), and all decisions made during and after this consultation. The Client expressly assumes the risks of the Program, whether or not such risks were created by Connie Fox. The Client releases Connie Fox and Connie Fox Consulting, LLC, her heirs, executors, administrators and assigns, its officers, directors, shareholders, employees, teachers, lecturers, agents, health practitioners and staff (collectively, the Releasees) from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law, admiralty or equity, which

against the Releasees, the Client ever had, now has or will have in the future against the Releasees, arising from the Client's past or future participation in, or otherwise with respect to, the Program.

CHOICE OF LAW, ARBITRATION AND LIMITED REMEDIES: This agreement shall be construed according to the laws of the State of Florida. In the event that any provision of this Agreement is deemed unenforceable, all other provisions of the agreement shall remain in full force. In the event a dispute arises between the parties, either arising from this Agreement or otherwise pertaining to the relationship between the parties, the parties will submit to binding arbitration before the American Arbitration Association (Commercial Arbitration and Mediation Center for the Americas Mediation and Arbitration Rules). Any judgment 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 the Consultation Fee. 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. If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: (1) he/she has received a copy of this letter agreement; (2) he/she has had an opportunity to discuss the contents with the Health Practitioner and, if desired, to have it reviewed by an attorney; and (3) the client understands, accepts and agrees to abide by the terms hereof.

Client Name (print) _____

Signature _____ Date _____