

# Liability Waiver & Acknowledgment of Risk

This document is a legally binding agreement. Please read it carefully before signing.

I, **[Client Name]**, hereby acknowledge that I am voluntarily participating in a coaching program (the "Program") offered by **Jared Tavasolian / Heal Strong** ("Coach").

In consideration of being permitted to participate in the Program, I acknowledge, understand, and agree to the following:

## 1. Acknowledgment of Educational Nature of Services

I understand that the Coach is not a medical doctor, physician, registered dietitian, or licensed healthcare professional. I understand that the coaching services provided are **for educational purposes only** and are not intended to serve as medical advice, diagnosis, or treatment. The guidance I receive is not a substitute for consultation with a qualified medical professional.

## 2. Assumption of Risk

I understand that any health, fitness, and nutritional information provided, including guidance related to therapeutic peptides, dietary changes, and physical exercise, carries inherent risks. These risks may include, but are not limited to, allergic reactions, adverse side effects, injury, and unforeseen health complications.

I am aware that the use of therapeutic peptides has not been fully evaluated by the Food and Drug Administration (FDA) for all purposes and may have unknown risks. I assume full responsibility for any and all risks, known or unknown, associated with my participation in the Program.

## 3. Consultation with Physician

The Coach has strongly advised me to consult with my personal physician before starting the Program, before implementing any new dietary or exercise changes, and before using any therapeutic peptides. I confirm that I have been given the opportunity to seek independent medical advice, and it is my sole responsibility to do so. I will promptly inform my physician of any changes I make to my lifestyle.

## 4. Release and Waiver of Liability

I hereby release, waive, and discharge Jared Tavasolian / Heal Strong, its owners, employees, and agents from any and all liability, claims, demands, actions, or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, as a result of my participation in the Program.

## 5. Voluntary Participation

I declare that I am participating in this Program voluntarily, and I am doing so of my own free will. I have been given the opportunity to ask questions about all aspects of the Program and this waiver, and I have received clear answers.

**By signing this document, I acknowledge that I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that this is a release of liability and a contract, and I sign it of my own free will.**

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

**Printed Name:** [Client Name] **Date:** \_\_\_\_\_