Personalized Nutrition Coaching New Client Registration

Congratulations on taking the first step to healthier and better you! The personalized nutrition coaching program provides Vanderbilt Recreation and Wellness Center (VRWC) faculty, staff, student, and community members the opportunity to meet one-on-one with a nutrition expert. Sessions include an initial assessment, diet analysis using professional software, individualized nutrition education, and goal setting.

To sign up for Personalized Nutrition Coaching:
1) Fill out the Client Assessment. After completing this questionnaire, submit to marilyn.c.holmes@vanderbilt.edu. Your nutrition coach will set up an appointment within 2-3 days of the appointment request.
2) Visit the Vanderbilt Recreation and Wellness Center prior to the first session to meet with the business office staff for payment.
3) Print off the Food Log and Personalized Nutrition coaching Release of Liability and bring the completed forms to your initial session.

Forms:
1. Client Assessment: Assessment of Nutrition History
2. Food Logs: Documentation of all food consumed for 3 days
3. Personalized Nutrition Coaching Release of Liability

Cost:
Initial Session.....................$90.00 per hour
Follow-up Sessions (up to 2) $45/hour

SIGNATURE___________________________ DATE____________________

Thank you for your interest in our program.

Marilyn Holmes, MS, RDN, LDN
Vanderbilt Recreation and Wellness Center
Phone: (615) 343-2638
E-mail: marilyn.c.holmes@vanderbilt.edu

Office use only:

_______  @  _______  =  ___________
Sess.  Rate  Total Fee

Receipt # __________________________

Payment Method:  Credit Card  Check  Cash  Commodore Card
PERSONALIZED NUTRITION COACHING
RELEASE OF LIABILITY

In an effort to provide information and suggestions on diet improvement and personal nutritional goals for its faculty, staff, student, and community members, the Vanderbilt Recreation and Wellness Center (VRWC), (hereinafter Vanderbilt), is offering personalized nutrition coaching sessions (hereinafter “activity”) on the following topics: weight loss, weight gain, sports nutrition, maintaining energy, meal planning, dining out, healthy eating on campus, vegetarian/vegan diet, eating smart, and healthy cooking.

I, the undersigned, desire to voluntarily participate in the activity at a cost of $90/hr. for the first session and $45/for each 30 minute follow-up session (up to two sessions). I understand that I will meet with a registered dietitian and/or nutrition coach at VWRC for a minimum of two sessions (or no more than three) sessions per topic. I also understand that the initial session is one hour and follow-up appointments are 30 minutes each. I also understand and agree that I must submit payment to the Vanderbilt Recreation and Wellness Center and print off the online food log prior to my initial session. (Note: Completed food log should be brought to initial session).

I understand that neither the nutrition coaches nor VRWC promises or guarantee protection from future illness or health problems. I further understand that I am solely responsible for my nutrition related choices and overall health. I have disclosed any health issues that may require alterations to nutrition coaching and understand that VRWC recommends that I consult with a physician prior to engaging in any dietary changes that may affect my personal health needs.

I represent that I am knowledgeable of this activity and the inherent risks of personal injury or property damage to myself and to others which are associated with the activity. Notwithstanding the inherent risks, I wish to assume them by voluntarily participating in this activity. I understand and agree that Vanderbilt accepts no responsibility for my acts or the acts of others while I am participating in this activity.

In consideration of Vanderbilt offering this opportunity and allowing me to participate in this activity, I do agree to and hereby do forever release from fault, discharge, hold harmless and indemnify Vanderbilt and its students, officers, trustees, agents, servants, employees, and representatives against loss (including reasonable attorney fees), from any and all claims, liabilities, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by me, or by any other person having a legal interest therein, arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by me in consequence of any accident or injuries in connection with the activity, except such liability or claim of liability as may result from the gross negligence on the part of Vanderbilt. Furthermore, I agree to indemnify Vanderbilt for any loss or damage to the premises, facility, or equipment of Vanderbilt that I may cause.

If I should suffer an injury or illness while participating in the activity, I authorize the employees of Vanderbilt to use their discretion to treat me at Vanderbilt University Medical Center and I take full responsibility for that action.
READ BEFORE SIGNING

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the release prior to signing, I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from my participation in this activity.

Printed Name_________________________________________________

Signature_____________________________________________________

Date:__________

Address:_______________________________________________________

________________________________________________________________

Witness:_______________________________________________________

Date:__________

Revised 12/15/16