



Happy Fuel Health & Nutrition Inc.
723 179 ST SW
Edmonton, AB
T6W 2S7

Client Statement

I understand and acknowledge that Happy Fuel Health & Nutrition Inc. is dedicated to protecting and advancing the general well-being of clients in a natural way and is not operating as a center for the treatment of disease or illness.

The services performed by Happy Fuel Health & Nutrition Inc. are at all times restricted to consultation on the subject of health matters intended for general well-being and do not involve the diagnosing, prognosticating, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine in this province. I understand that he/she is not a medical practitioner, naturopath, or dietician.

I am aware that all activities, programs, and services offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, program or service of Happy Fuel Health & Nutrition Inc. brings with it the assumption by me of those risks or results stemming from these choices and the fitness, health, awareness, care, and skill that I possess and use. I understand that I am free to withdraw from, reduce or modify my involvement in any program/activity and I realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, cramps, nausea, allergic reaction etc.

I also acknowledge that I have inquired about the nature of any activity, program, or service that I am not completely familiar with and I have been informed of any inherent risks.

I understand that all the information which I provide is purely for the purpose of assessment and that no information will be disclosed to others or used in any other manner without my written permission.

This statement is being signed voluntarily.

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____