



Consent Form

I agree that to enter into the SERIOUSLY SLIM Weight Loss Program I need to have completed the full history and initial consultation within three months prior to starting the program

I agree that the SERIOUSLY SLIM Weight Loss Program is as follows:

1. Reading the Client Book on the website thoroughly and asking questions as they occur.
2. Following the Detox protocol as recommended.
3. Taking the Seriously Slim Metabolic Support formula as recommended.
4. Follow Maintenance protocol as recommended in the client book.
5. Waiting the appropriate time between diet cycles.

The program includes 1 Detox and 1 bottle of Metabolic Support. Once the program is paid for there are no exchanges or refunds for any reason, nor can the program be transferred to any other person.

Initials: _____ Date: _____

Alternative Method:

I understand that there are many ways to lose weight and after careful consideration have decided to take the approach of the Seriously Slim Weight Loss Program.

Possible Side Effects:

I understand that the Seriously Slim Weight Loss Program can upset existing medical conditions such as hypertension, diabetes, thyroid difficulties, gall bladder disease, gout and post cancer conditions and agree to work closely with my primary care physician to manage these conditions if I have them.

Potential Risk:

I recognize as well that the diet part of the Seriously Slim Weight Loss Program can create symptoms such as hunger, constipation, reactivation of previously controlled health problems such as thyroid difficulties, hypertension and sugar imbalances and will disclose any issues I may experience to my consultant.

Initials: _____ Date: _____

I verify that I have read and initialed the above sections and that my permission is freely given.

_____ Client Name/ Signature/Date

_____ Consultant Name/ Signature/ Date