



real food real weightloss

I _____ agree that by commencing the Real Food Real Weight Loss Program, that I will abide by the terms and conditions set out below.

I understand that I am embarking on a medically based weight loss program which requires doctor's supervision and weight loss team support to be completed safely and effectively.

I agree to attend weekly support appointments and follow the advice of the weight loss support team practitioner.

I understand that the HCG Nasal spray or troche prescribed by my doctor is a prescription medication and is for my use only.

I understand that I am committing to a program and that refunds of the program payment are not available unless my program is discontinued for medical reasons.

I will not make copies or distribute the Real Food Real Weight Loss booklet or program to persons not enrolled in the Real Food Real Weight Loss Program.

I understand that the booklet and its content are governed by copyright laws.

I have read and understand the terms and conditions above.

Signed:

Date:

SIGNED on behalf of Real Food Real Weight Loss

Date: