

Stronger with...

Dr. Elizabeth Donathan

Please note that completing this screening process enables us to review your application for wellness and accountability coaching services with Stronger with... Dr. Elizabeth Donathan, LLC. Providing this information does not guarantee acceptance. Stronger with... Dr. Elizabeth Donathan, LLC reserves the right to determine the eligibility to participate. Please note that all photographs or other images submitted will be treated confidentially and will not be used, disclosed, or shared in any way other than by the coach and you.

Initial to agree to each of the following before signing and submitting:

- I understand and acknowledge that wellness and accountability coaching services by **Stronger with... Dr. Elizabeth Donathan, LLC** is an approach to health and weight loss-focused wellness and fitness for people in good health, and not a medical, nutrition, or diet program, and that its wellness and accountability coach(es) may not all be licensed health professionals and have no healthcare training. I understand that wellness and accountability coaching services focus only on eating and weight loss and maintenance goal, not other personal issues.
- I agree to seek the clearance of a physician or qualified medical professional to manage my health and determine if wellness and accountability coaching services by **Stronger with... Dr. Elizabeth Donathan, LLC** and its components are appropriate for me. I understand that I should not apply for wellness and accountability coaching services if I have a medical condition that would limit my ability to restrict my eating or to exercise vigorously daily.
- I understand that my success participating in wellness and accountability coaching services with **Stronger with... Dr. Elizabeth Donathan, LLC** depends upon my commitment. I am ready, willing, and able to devote the time needed to complete and fulfill the program. I agree to be responsive and cooperate in meeting the ongoing requirements of participation in wellness and accountability coaching services with **Stronger with... Dr. Elizabeth Donathan, LLC** in a timely manner.
- I understand that I should not apply for wellness and accountability coaching services by **Stronger with... Dr. Elizabeth Donathan, LLC** if I know or suspect that I may be pregnant, have an eating disorder or related mental or behavioral health problem requiring management under the care of health professional, diabetes, or any other unmanaged physical, psychological, or emotional condition involving purging, bingeing, or other activity that would present any risk form vigorous exercise or diet.
- I understand that **Stronger with... Dr. Elizabeth Donathan, LLC** reserves the right to require a medical clearance letter as a condition of participation. **I understand that Stronger with... Dr. Elizabeth Donathan, LLC takes no responsibility for managing my health and is not serving as my doctor, dietician, or other health professional role.**

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I understand I may be required to download and use (at no additional cost) 3rd party tools or applications necessary to receive the wellness and accountability coaching services by **Stronger with... Dr. Elizabeth Donathan, LLC** All such tools or applications are provided by the 3rd party(s) under their own terms of service. **Stronger with... Dr. Elizabeth Donathan, LLC** is not a party to such agreements and does not endorse, warranty, or assume any liability for any 3rd party tools or applications.

I understand and acknowledge that **Stronger with... Dr. Elizabeth Donathan, LLC** enforces a strict no-refund policy. This policy is in place to increase client accountability, including fairness and respect for other clients and coaches. In limited cases, due to unforeseen medical issues and conditions, refunds may be provided for services not yet rendered. In such cases a two-week notice of a client's withdrawal from the program and verification of the condition is required.

I understand and hereby agree, that should I engage the wellness and accountability coaching services of **Stronger with... Dr. Elizabeth Donathan, LLC** and her associates, in exchange for valid consideration, I acknowledge and agree that I will be provided with information which is to be kept confidential. As such, I agree not to share, in any manner, the details of my relationship with my coach and/or the plan that is created for my specific situation. The method, system and requirements comprise "confidential information" belonging to **Stronger with... Dr. Elizabeth Donathan, LLC**. Such information is the proprietary information of **Stronger with... Dr. Elizabeth Donathan, LLC** and the means upon which wellness and accountability coaching services by **Stronger with... Dr. Elizabeth Donathan, LLC** is able to complete its obligations. Participant agrees to keep such information confidential. Sharing such information with any other party, in any manner, is detrimental to **Stronger with... Dr. Elizabeth Donathan, LLC**. Dissemination of confidential information to any other party who discloses the same is the responsibility of the Participant.

CLIENT NAME _____

CLIENT SIGNATURE _____

DATE _____