

Acknowledgement of Privacy Consent Form

I hereby give consent to Boulder Nutrition & Exercise Services, LLC, to use and disclose my protected health information for the purposes of treatment, payment and health care operations.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required to grant your request, but if we do, the restriction will be binding on us.

You may revoke this consent at any time. Your revocation must be in writing, signed by you or on your behalf and delivered to 2885 Aurora Street, Suite 31, Boulder, CO, 80303. You may deliver your revocation by any means you choose, personally or by mail, but it will be effective only when we actually receive it. Your revocation will not be effective to the extent that we or others have acted in reliance upon this consent.

Sign: _____ Date: _____

Print name of patient: _____

If you are signing as the patient's representative:

Print you name: _____

Describe your authority: _____

PLEASE READ THIS "WAIVER AGREEMENT" CAREFULLY BEFORE PARTICIPATING

For your own safety, we urge you not to participate in any physical activity unless you are sufficiently physically fit and not under the influence of any drugs, alcohol or medications that could affect your health.

You must agree to the following conditions before participating in any fitness program sponsored by Boulder Nutrition & Exercise Services (BNES), LLC:

- I understand that my participation in a fitness program is strictly voluntary on my part.
- I understand and agree that I am solely responsible for any injuries that I may suffer while participating in the activities at BNES.
- If I am injured while participating in the activities, I agree to release and hold harmless the owner and staff of BNES from any liability or responsibility in connection with my injuries.

I agree to the above conditions as a prerequisite to participating in any physical activities at BNES.

Name (Print)

Signature

Date