



Liability Release Form for S-Drive Users

Date: _____

Name: _____ (client name)

You hereby acknowledge that you are responsible for the changes that you make to your diet, nutrition and lifestyle as a result of the Personal Wellness Profile report (report name may vary) that has been provided for you. In particular that you seek medical advice in relation to any dietary and nutritional changes that you make if you are taking **prescription medication, pregnant or breastfeeding**.

You hereby also acknowledge that the report provided is designed to build awareness of the effects of your diet, nutrition and lifestyle only and as such is not a physical diagnosis of illness or any medical condition, nor is the information designed to treat any medical condition or symptom. The information provided should be used for general orientation only.

Cell Wellbeing and the specific operator of the S-Drive that generated your report will not be liable under any circumstances, if you have not followed the recommended advice above.

Signed: _____