

ShapeFast Weight Loss Center LLC.

(301)390-4404 Main

(301)390-4973 Fax

Release of Program Expectations Agreement And Release of Liability Statement

I. Program Agreement

I, _____, certify that on this date, I have received a detailed diet consultation that explains the need and necessity for me to follow the provided diet along with injections of HCG in order to achieve my weight loss goal.

_____ Initials

I understand the program guidelines and recognize that if I do not follow all of the program instructions I cannot expect to achieve the results I desire through the ShapeFast Weight Loss HGC program.

_____ Initials

I am aware that if I discontinue my injections, on my own before I have completed the program I purchased, or if there is a period greater than 90 days of non participation, there will be a \$55.00 reevaluation fee.

_____ Initials

II. Release of Liability Statement

I, _____, have been instructed and understand how to safely self-inject HCG for weight loss.

I understand the ShapeFast Weight Loss or their staff will not be liable for misuse of needles and/or syringes or injury for my self injections or injections given to me by the ShapeFast Weight Loss staff. I assume full responsibility for proper disposal of used syringes or in the return of used needles and syringes to ShapeFast Weight Loss for proper disposal.

I also understand that if I am under the care of a physician, I am not allowed to participate without his/her consent. Knowing this, I do not hold ShapeFast Weight Loss or their staff liable for any adverse events if I decide, against my doctors orders, to participate.

Client Signature

Date Signed _____

ShapeFast Staff Signature

Date Signed: _____

All sales are final. No refunds!