

# *Nancy Adler Nutrition*

CERTIFIED FITNESS & NUTRITION C.F.T./S.S.N./S.S.C.

## **Informed Consent for Metabolic Rate Testing**

I hereby consent to engage voluntarily in Metabolic Testing (RMR) at Nancy Adler Nutrition in order to determine my metabolic rate .

In the event that a medical clearance must be obtained prior to my participation in Metabolic Testing (RMR), I agree to consult my physician and obtain written permission prior to my admittance as a client of Nancy Adler Nutrition.

Further, I hereby represent that I have completed the Health History form and have provided correct responses to the questions on this form.

In signing this consent form, I affirm that I have read this form in its entirety, and that I understand the nature of this testing program. I also affirm that my questions regarding the program have been answered to my satisfaction. I further agree to hold harmless Nancy Adler Nutrition, its staff members and affiliates who supervise the Metabolic testing any and all claims, suits, losses, or damages.

Before I undergo the test or fitness program, I certify that I am in good health and have had a physical examination within the last \_\_\_\_ months.

\_\_\_\_\_  
(Print Name and Signature of Participant)

\_\_\_\_\_  
(Date)