Diet by Design

Terms of Agreement

In order to obtain the best results possible with Diet by Design, I understand and agree to comply with the following program guidelines:

- I will attend weekly counseling appointments. I will meet in the office a minimum of once a week with a counselor, and check in for counseling either by phone or email contact at least twice a week.
- I will use only Diet by Design's prescribed amount of nutritional protein supplements and/or products for my weight loss program.
- I will be compliant with the program by consuming all prescribed nutritional supplements and products per the guidelines of my plan, amounts of water, as well as consume only what is recommended on the meal plans.
- I understand that light physical activity, weekly group hypnosis sessions, and reading the educational material provided by Diet by Design are included for obtaining the best possible permanent weight loss results.
- I will lose at least 10 pounds per month, an average of 2.5 pound per week. I do understand that this is an average and based on my initial consultation if I do not meet the average, I may need more than the originally anticipated weeks of weight loss.
- I will follow the terms of the general agreement of program participation and attendance set forth by Diet by Design.
- I understand that when purchasing my program the necessary products and prescriptions are included for the estimated length of my program. Once I receive any product Diet by Design is not responsible for any lost, ruined, stolen, or otherwise unusable product. I understand that I will be responsible for replacing my products at my own expense in the case that the initial products are lost, ruined, stolen, expired, etc.
- I understand I must use my program weeks consecutively.
- I understand that I have one year from the date of purchase to complete my program.
- I understand that I am responsible for the costs and expenses related to lab work and a physician review of my lab results. I understand that there are no refunds for those fees.
- I understand that I have 6 months from the time of my initial lab tests to complete my program. If I have not completed the weight loss phase within 6 months, I will be responsible for the cost of having the lab tests repeated.
- In the interest of Diet by Design's desire to maintain excellent results for it's patients, I do understand that Diet by Design retains the right to refuse service and prescriptions to anyone who is not program compliant, to be determined by Diet by Design's representatives. Continued non-compliance may result in termination of my weight loss program until reinstated by Diet by Design.
- I agree to give a 24-hour notice to reschedule or cancel any appointments I have set up with Diet by Design. If I do not give adequate notice of cancelation or rescheduling, Diet by Design will charge a $35.00 fee to my preferred method of payment on record.

I have read, understand, and agree to the terms of this agreement. Diet by Design has a no refund policy for programs costs or product purchases.

X_____ _____

Signature of participant Date

X_____ _____

Signature of Diet by Design Representative Date