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www.Nutritious-Thoughts.com

**EMPOWER. NOURISH. HEAL.**

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## **FREE Nutrition Support Group Waiver, Release and Indemnity Agreement**

I, \_\_\_\_\_  
agree to allow my child (17 years of age) to participate in Nutritious Thoughts FREE Nutrition Adult Support Group if they so choose. I agree that I am allowing them to voluntarily participate in this Adult Support Group for Eating Disorder recovery.

I agree to release Nutritious Thoughts, LLC, affiliates, and agents from any and all claims or causes of action (known or unknown) arising out of my negligence. I hereby release, indemnify and hold harmless Nutritious Thoughts, LLC, its owners, directors, subsidiaries, affiliates, and agents from any and all claims, demands, personal injuries, costs, or expenses (including attorney's fees) arising from or relating in any way during my child's participation. Should a provision of this agreement or portion thereof be found invalid or void as against public policy by any court of competent jurisdiction, the remainder of this agreement shall nonetheless remain in full force.

I acknowledge that I have carefully read this Waiver, Release and Indemnity Agreement and fully understand that it is a release of liability. I have been given the opportunity to ask any questions and have received and understand all the information which was provided. I am waiving any right that I may or anyone on my behalf may bring a legal action to assert a claim against Nutritious Thoughts, LLC for negligence.

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*Member, Participant, Parent or Guardian Signature*

*Date*

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*Member, Participant, Parent or Guardian Printed Name*

*Date*