

Am I Hungry?® Program Consent to Participation

Name _____ Date _____

Preferred Phone (_____) _____

Email Address _____ (For Am I Hungry? use only)

I understand that Am I Hungry? is a mindful eating program consisting of instruction in behavior modification techniques and nutrition and exercise education. I authorize Am I Hungry? to help me in my lifestyle modification efforts.

I understand that any lifestyle modification program may involve risks as well as potential benefits. I understand that my success in this program will depend on my efforts and that there are no guarantees or assurances that this program will be successful. I accept the responsibility of participating in all or most of the sessions, reading the materials, and applying the principles that I learn. I am aware that there are other programs and methods of lifestyle modification and have chosen to enter this program to assist me in my efforts.

I understand that this program is strictly educational, and that no medical assessments, individualized therapeutic interventions or personal medical advice will be provided. I will seek medical advice from my personal health care providers regarding my personal risks and benefits insofar as following the recommendations of the Am I Hungry? Program.

I give Am I Hungry?, P.L.L.C., and those authorized by Am I Hungry?, P.L.L.C., to use anonymous information and data about myself and my treatment in both individual and collective forms for data analysis, quality assurance, research, marketing, and publications, including but not limited to articles, books, presentations, marketing materials, website, and other electronic media.

I authorize Am I Hungry? to use my name and email address for the purpose of registering me with the Am I Hungry? website to provide me with access to online tools, including but not limited to an Eating Cycle Assessment, and to contact me by email, including but not limited to *Daily Mindful Moments*, *Weekly Workshop Summaries*, and periodic Am I Hungry? newsletters. I understand that Am I Hungry? will not provide or sell my name and email address to any third party.

I understand that the original concepts and methods developed by Am I Hungry?, P.L.L.C. and its owners are protected by copyright and trademark. I agree that I will not distribute, reproduce, transfer or otherwise make available to any other person the concepts, methods, and materials used in the Program, whether in whole or in part. I will not profit directly or indirectly from my knowledge or participation in any way without express written consent from Am I Hungry?, P.L.L.C.

I have read, understood, and agreed to all of the information above. I release Am I Hungry?, P.L.L.C., and its licensees, officers, agents, employees, subcontractors, executors, and representatives of any and all liability resulting directly or indirectly from my participation in this program.

Participant Signature _____ Date _____