

Nomadic Wonders Coaching Disclaimer & Waiver

All coaching services and communication, email or otherwise, delivered by Jax (Jacqueline) Wilson, (your “Health coach”), as well as information set forth on this website (nomadicwonders.com) are meant to help you identify the areas in your life wellness and health that may be causing issues. However, coaching is not professional mental health care or medical care. Feel free to seek the help of a professional medical doctor and of counselor in the case of any illness or emergency.

As your health coach, you must be aware that I am not a medical doctor and my services are meant to educate and serve as an avenue to restore body and mind balance. By purchasing any of our coaching services from Nomadic Wonders, and signing this waiver form, you confirm that you have read and agree to each statement and that you wish to proceed:

- I understand that the coaching services I will be receiving from my Health and Wellness Coach are not intended to substitute professional health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions.
- I understand that my Coach is not acting as a mental health counselor or a medical professional.
- I understand that coaching is, at present, an unregulated industry. Although a certification of a health and nutritional coach has been acquired by my coach, my Coach is not licensed by the State of North Carolina or any other state. I also understand that for all legal purposes, the services provided by my Coach will be considered to be provided in the State of North Carolina.
- I understand and agree that I am fully responsible for my choices and decisions of my well-being during the duration of my wellness plan and sessions.
- I understand that this health and wellness coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of therapy.
- I understand that all comments and ideas offered by my Health Coach are solely for the purpose of guiding me in reaching my defined goals. I have the ability to give my informed consent, and hereby give such consent to my coach to assist me in achieving such goals.
- I understand that my Health Coach will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken, and my confidentiality agreement will be limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, she will do so to the extent the law requires.
- I understand that the use of technology is not always secure, and I accept the risks of confidentiality in the use of email, text, phone, Skype and other technology.
- I hereby release, waive, acquit and forever discharge my Health Coach, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by my Health Coach as a result of the advice given by my Health Coach or otherwise resulting from the coaching relationship contemplated by this agreement.
- I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement.

This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.