

GORDON RESEARCH INSTITUTE

GARRY F. GORDON, MD, DO, MD(H) - PRESIDENT

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CLIENT CONTRACT and LIABILITY RELEASE/WAIVER

I understand that in seeking wellness/nutritional advice from Garry F. Gordon, MD, DO, MD(H) (hereinafter referred to as "wellness/nutrition coach"), I am entering into this contract voluntarily and I specifically release, discharge and acquit the wellness/nutrition coach from any liability, and/or claims involving loss, damage or injury, of any nature whatsoever to my person, my family, or my estate, resulting in any way from, or connected with, or resulting from, the wellness/nutrition coach's wellness/nutritional advice, suggested nutritional therapies, and/or recommended nutritional products and supplements.

Further, I specifically release the wellness/nutrition coach from any liability to me and/or my family which I may claim is resulting from a lack of consent or lack of informed consent on my part to the particular treatment suggested by the wellness/nutrition coach, or his agents or employees, advised to me or my family, including any adverse effects of any treatment or supplement, which the wellness/nutrition coach may or may not have discussed with me.

Additionally, if the aforementioned release and waiver is determined by any court void, voidable, or not binding upon me, I am willing to submit any claim for loss, damage or injury of any nature whatsoever to my person or estate, resulting in any way from or in any fashion arising from, connected with, or resulting from, the wellness/nutrition coach's wellness/nutritional advice and/or suggested wellness/nutritional treatment and therapies of me, whether caused by or perceived as occurring due to misconduct, breach of contract, or negligent acts by the wellness/nutrition coach, his agents, employees or otherwise, to binding arbitration. In such arbitration I agree that there shall be three arbitrators, two of them shall be health professionals with qualifications similar to the wellness/nutrition coach's, and possessing expertise and experience in same fields of orthomolecular medicine, homeopathy, wellness, nutrition, genetics, and molecular biology as well as quantum physics. Each party shall choose one arbitrator and the two arbitrators shall choose the third. The decision of the arbitrators shall be final and binding upon me with respect to the decision of liability and amount.

Lastly, I agree that the wellness/nutrition coach desires to provide to me the most optimum and effective health and wellness care at his most reasonable cost. I also fully understand that any services offered by the wellness/nutrition coach are not covered by any medical insurance policy or program, either private or government funded, and I agree to pay out of pocket for all services rendered by the wellness/nutrition coach.

In witness whereof; I have signed this contract, this ____ day of _____, 20_____.

Witness: _____

Patient: _____

Physician Signature: _____