LEAP
LIFESTYLE EATING AND PERFORMANCE

MRT/LEAP Client Contract

I, _____, understand that as an MRT/LEAP client with GUT RXN Nutrition, that the LEAP dietary protocol only works if I follow the LEAP Elimination diet, as directed, and that the LEAP Therapist will be available to assist me with any questions I may have in a timely manner. In order to maximize success, I agree to complete the sessions in the following time frame (check the package that applies):

Check	Package	What It Includes	Time Frame
☐	Essential Package	(1) 60-min consultation (2) 30-min follow-ups	Three months
☐	Premier Package	(1) 60-min consultation (4) 30-min follow-ups	Six months
☐	Elite Package (Jersey City, NJ residents only)	(1) 60-min consultation (1) 60-min grocery store shopping tour (4) 30-min follow-ups	Six months

I agree to forfeit any sessions that remain unused that fall outside the allotted time frame.

I also understand that should I choose not to complete my sessions, I am not entitled to a refund. There is also no guarantee that this program will cure any symptom or disease, and if I don't follow the recommended protocol, my results will be compromised. If desired results are not obtained, I am not entitled to a refund.

Printed Patient Name: _____

Patient Signature: _____ Date: _____

(Parent or legal guardian must sign if patient is under 18 years of age)