

Application for **The Instinct Diet PROGRAM**

Thank you for your interest in **The Instinct Diet Program**, our comprehensive 10-week weight loss education and support program. The following new groups will begin in September 2011.

How Do You Sign Up?

Complete this application form (both pages) and return with payment to The Instinct Diet, P.O. Box 334, Weston MA 02493. Please be as flexible as possible about group times to help scheduling.

Name: _____ Address: _____
State: _____ Zip code: _____ Phone: _____ Email (please write clearly): _____
Referred by: _____

Check and prioritize groups you could attend

Sunday 5:30 pm in Wellesley 9/11/11 to 11/13/11 New group _____
Wednesday 7 pm in Weston 9/14/11 to 11/16/11 New group _____
Thursday 9:45 am in Newton 9/15/11 to 11/17/11 New group _____

Groups also forming in Braintree, Boston Back Bay, Boston Financial District, Woburn and Worcester. Please circle preferred locations and check to reserve a place in one of these new groups and request scheduling information as soon as available! _____

The cost of new groups is \$450.00, paid in advance for attendance at scheduled meetings, weekly email check-in with Instinct staff, food samplings, and a shopping trip. A refund will be given for cancellations in writing before Session 2 (\$350) or Session 3 (\$250).

____ Yes, I want to join The Instinct Diet program!

Your Weight and Diet History

Your Age:	Height:	Weight today:	Weight 1 year ago:	Weight age 21:
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	Yes	No
Have you dieted before? If so list names of diets and pounds lost:		
How much weight you hope to lose at this time?		
Following The Instinct Diet menus carefully is an important component of program success. Have you seen the menus and are you committed to following them? <i>(Obtain a copy of The "I" Diet from your local library or Amazon or go to www.instinctdiet.com.)</i>		
Regular attendance at the Instinct group meetings is also an important components of success. Are you able to regularly attend most groups?		

I declare the above information to be correct.

Applicant Signature:

Date:



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Release and Confirmation

I confirm that I undertake The Instinct Diet Program at my own choosing and responsibility. I understand and acknowledge that my participation in The Instinct Diet is entirely voluntary and I have not been compelled to participate in it. I understand that The Instinct Diet involves regular attendance at groups and some emails and/or calls with program staff on issues concerning weight control. I confirm that all information I provide in connection with my health and my participation in The Instinct Diet is accurate. I understand that I have the right to refuse to do anything The Instinct Diet Program staff suggest for weight control and that I may withdraw from The Instinct Diet at any time. I confirm that no one on behalf of The Instinct Diet has given me any guarantees about my health or weight loss. I understand that I am responsible for obtaining the recommendation and consent of my physician that I am suitable to participate in The Instinct Diet prior to my participation. I understand that my ongoing health and medication use is not the responsibility of The Instinct Diet, and I am responsible for contacting my physician for medical supervision of all aspects of my health and for any necessary changes in medication use during and after weight loss. I understand that groups may require a minimum of 10 participants and that my payment will be returned without any obligation by the Instinct Diet to provide an alternative group should a group I wish to attend not be held.

In consideration for my participation in The Instinct Diet Program I release and discharge Dr. Roberts and all persons and institutions associated with The Instinct Diet from all claims, liabilities, damages or expenses of any kind which may arise at any time, now or in the future, in connection with my Instinct Diet weight control efforts and participation in the program, including but not limited to claims based on my health, psychology and wellbeing now or in the future.

I hereby grant permission to Susan Roberts, The Instinct Diet, and their employees, agents and assigns to take audio recordings of my voice during Instinct Diet meetings. I understand that these recordings are intended for the purpose of quality control and will not be released in any form of media. I understand that such recordings are the property of Susan B. Roberts LLC and The Instinct Diet, and that no compensation is due to me for granting this permission. If Susan Roberts, The Instinct Diet or agents wish to subsequently use the recordings in the media my permission for that separate use will be requested prior to use and I may refuse to give my consent at that time.

Applicant's Signature _____ Date: _____

YOUR NAME (print) _____

The following information can be completed as you wish and is not required for acceptance into the program. All information you provide will be kept in confidence by program staff.

	Yes	No
Are your family supportive of you losing weight?		
In the past month, how many meals per week have you eaten out or had takeouts?		
In a typical week, how many drinks of alcohol do you have?		
Please explain why you want to lose weight now:		
Heart attack/other heart condition or cancer. If yes, describe:		
Diabetes. If yes, describe:		
Thyroid. If yes, describe:		
Stomach or digestive disorders. If yes, describe:		
Diagnosed or hospitalized with an eating disorder or suspect you might have one. If yes, describe:		
Depression. If yes, describe:		
Other psychiatric or neurologic disease. If yes, describe:		
Any other disease not mentioned above. If yes, describe:		
Hospitalization/surgery. If yes, describe:		
Medications. If yes, describe:		
Do you feel short of sleep more than occasionally? Please give typical hours/night sleep:		

Individuals with an eating disorder, celiac disease or gluten intolerance should not apply for this program.

Please complete both pages of this application and
return with your payment to:
Instinct Diet - P.O. Box 334 - Weston MA 02493.

Any questions?
 Visit www.InstinctDiet.com,
 or email us at Info@InstinctDiet.com
 or call (866) 604 7662