

Welcome to the Gaucho Pulse Nutrition Program!

We are excited that you have chosen us to be part of your journey towards a lifetime of health and fitness. Our professional Registered Dietitians (R.D. & R.D.N.) are experts in the field of nutrition and are ready to provide you with the necessary information, guidance and motivation to help you reach and maintain your personal health goals.

The following information will provide you with important program details and formal policies.

Registration

To sign up for private nutrition consulting, please visit the Gaucho Pulse website. To contact an R.D. and set up an appointment, visit the “Dietetics & Nutrition” page. From there, locate the contact box to email an R.D.

Services and Pricing

Our services include but are not limited to: Individual or Group Nutrition Counseling, Group Education and WorkShops, Meal Planning, Cooking and Food Preparation Demonstrations and classes, and Grocery Store Tours.

See website or email GauchoPulse@essr.ucsb.edu for most updated prices.

Payment

Payment for sessions must be made prior to meeting with your R.D. At the time of payment, you will receive a receipt that must be presented at the meeting with your R.D.

Expiration Date

All UCSB nutrition consulting sessions have an expiration date of 1 year from the date of purchase. After the expiration date, any remaining sessions will be invalid. Sessions can be frozen for medical purposes only, and require medical documentation. Frozen sessions will be held for one year, after which time any remaining sessions will become invalid.

Note: To achieve optimum results, it is recommended that you schedule your appointments regularly. It is recommended that you schedule your appointments every 2-3 weeks.

Skype Sessions

We are aware that schedules can be tight for anyone on a college campus, however, we do not want this to hinder you from achieving your nutrition-related goals! We will happily accommodate you through online Skype meetings. All services and pricing amounts are the same as in-person consultations. Payments must be made in person at the Rec Cen Cashier's Office, but you will not be required to give a physical copy of your receipt to the R.D. You will be required to provide your Skype contact information when registering for the Gaucho Pulse program if you choose to take advantage of this option. Your R.D. will call you at the time of your scheduled appointment. Before the Skype session begins, you will be emailed an appointment verification form to sign electronically. You must email this signed form back to the R.D. before your appointment can commence. You have 15 minutes to respond to your Skype call. If you do not respond, your session will be cancelled, and you will be charged for the full session. All policies regarding expiration dates, cancellations, tardiness, refunds and

Cancellations

In order to cancel or reschedule an appointment, you must contact your R.D. at least 24 hours in advance of the scheduled appointment, or you will be charged for that session. Similarly, if your R.D. does not contact you at least 24 hours in advance to cancel or reschedule an appointment, you will receive a complimentary session.

Tardiness

We value your time and our own. All clients and R.D.s are required to be prompt. If a client arrives late, this time will be deducted from the session. Alternatively, if the R.D. arrives late, the amount of time will be added on to the current session or a future meeting time. Please be advised that R.D.s are required to wait 15 minutes for a scheduled client, after which time the session is subject to cancellation and clients will be charged for a full session.

Refunds and Credits

The UCSB Gaucho Pulse Dietetics and Nutrition Program does not offer refunds or credits. To ensure that you receive the best results possible, please make sure that our services and programs will match your needs before committing in the form of monetary payment. If you find that your needs change once you have begun this program, please let us know. Our approach to nutrition is personally tailored to each client, and we believe no two individuals are the same. We are eager to find new and exciting ways to keep you healthy and motivated by accommodating to your specific needs within this program.

Please fill out and return the following forms to the Rec Cen Cashier's Office before your first assessment.

- UCSB Elective/Voluntary Activities Waiver (1 page)
- UCSB Facilities Use Waiver – (1 page) You will be required to sign this form in the Rec Cen Cashier's Office when you purchase any nutrition services.
- Medication List (1 page)
- Week Food Log (1 page)

**Please bring a photo ID with you to every session

***Disclaimer:** Please note that our professionals are licensed in the practice of nutrition and dietetics. However, any advice given to clients by the R.D. is not medical advice and should not be taken as such. Any information given is not a substitute for medical advice or treatment. If you feel you have a medical condition that needs to be addressed, please consult with a physician.



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Recreation

Department _____

Nutrition

Class/Activity _____

Waiver: In consideration of being permitted to participate in any way in Nutrition hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability from any and **all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Facilities Use Waiver - Recreation

Recreation

Department

Nutrition

Class/Activity

Waiver: In consideration of permission to use, today and all future dates, the property, facilities, staff, equipment and services of the **Recreation Center**, I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and convenient not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability **from any and all claims**, including negligence of the **Recreation Center** resulting in personal injury, accidents, or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The **Recreation Center** has facilities for and provides activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the **Recreation Center**. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks**.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at the **Recreation Center** and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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Signature of Participant

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date



Gaicho Pulse Medication & Supplement form

Please fill out this form accurately, making sure to include ALL current prescription medications and nutrition supplements (including vitamins, minerals, botanicals and herbs)

Name: _____

Medication/Supplement name:

Medication purpose:

Dosage:

Comments:

Medication/Supplement name:

Medication purpose:

Dosage:

Comments:

Medication/Supplement name:

Medication purpose:

Dosage:

Comments:

Medication/Supplement name:

Medication purpose:

Dosage:

Comments:

Medication/Supplement name:

Medication purpose:

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Medication purpose:

Dosage:

Comments: