



## Hourly Consultations

### Terms and Conditions and Contract

By purchasing the International IV Nutritional Therapy for Physicians (IIVNTP) Professional Consultation, managed by IIVNTP, (contractor) I agree to the following terms:

#### 1. Consultation Content and Schedule.

I have read the Hourly Consult : The Business of Health Remote page as well as the Terms and Conditions and Contract page and attest to the fact that I thoroughly understand what is included in the program and the requirements for completing this contract. If I did not fully understand the pages or have any questions about the program or schedule of events, I have resolved these issues prior to purchasing.

#### 2. Pre-Consultation Requirements.

- A. All clients requesting an hourly consult must have attended The Fundamentals seminar. This requirement helps ensure that the client has the essential understanding of safely infusing IV nutrient therapy.
- B. Select the teaching team member you want to consult with and contact them via the email link provided on the Hourly Consultations – Remote page.
- C. Set a mutually agreeable date and time for the Consultation.
- D. Compose a written outline of the subject matter you wish to discuss and email a copy to the consultant before the meeting.



### 3. Refunds.

Once the consultation has been scheduled, a 50% administration fee will be charged for cancellations.

No other refunds will be made. All refunds will come through IIVNTP and will be given after IIVNTP receives your payment through our online store. This may take up to two weeks after cancellation.

### 4. Fee schedule and timing of charges.

- A. The Physician Consultation shall be charged \$500.00 per hour on purchase.
- B. The RN Consultation shall be charged \$300.00 per hour on purchase.

### 5. Waiver of Liability; Indemnity.

- A. I assume all risks associated with the information I receive from the Consultant.
- B. I agree to indemnify and hold harmless IIVNTP, its agents, employees, officers, successors and assigns from and against any cost or expense, including but not limited to attorneys' fees incurred at arbitration, at trial or on any appeal, which may be incurred by reason of any claims arising from or associated with my acts or omissions under this contract.



## 6. Miscellaneous.

- A. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements, understandings and proposals (whether written or oral) in respect to the matters specified. No agreement or understanding which alters or extends the meaning of this Agreement shall be binding unless in writing and signed by the parties hereto.
- B. If any provision of this Agreement is judicially declared to be invalid, unenforceable or void by a court of competent jurisdiction, such decision shall not have the effect of invalidating or voiding the remainder of this Agreement, and the part(s) of this Agreement so held to be invalid, unenforceable or void shall be deemed stricken, and the Agreement will be reformed to replace such stricken provision with a valid and enforceable provision which comes as close as possible to expressing the intention of the stricken provision. The remainder of this Agreement shall have the same force and effect as if such part or parts had never been included.
- C. This Agreement is effective as of the date all parties hereto have executed this Agreement.
- D. This Agreement is deemed a contract made in Oregon and it shall be construed and enforced according to the laws of the State of Oregon. Any suit or action instituted by either party to enforce the terms shall be brought in the courts in the State of Oregon. Venue is proper only in Multnomah County in Oregon.
- E. In the event suit or action is instituted to enforce collection or any of the terms of this contract or for its breach, the prevailing party shall be entitled to recover from the other party such sum as the court deems reasonable as attorneys' fees at arbitration, on trial or on appeal, in addition to all other sums provided by law.



INTERNATIONAL  
IV NUTRITIONAL THERAPY  
GLOBAL PHYSICIAN EDUCATION

I hereby affirm that I am of full age and have the right to contract in my own name. I have read this Agreement and fully understand its contents. This Agreement will be binding upon me, my heirs, legal representatives and assigns.

Clinic Representative: \_\_\_\_\_ Date: \_\_\_\_\_

IIVNTP Representative: \_\_\_\_\_ Date: \_\_\_\_\_