# Informed Consent Form

## The Service

I have asked  to provide the following service (the "Service"): [describe the service, for example a fitness assessment, a coaching program, a skin treatment, a workshop or a survey].

The Service will be provided by [name and qualifications of the provider]. It will take place at [location or online] and will last approximately [duration or number of sessions].

## What the Service Involves

[Describe in plain words what will happen, step by step, and anything the client needs to do before, during and after the Service.]

I understand that  does not provide medical diagnosis or treatment as part of the Service, unless clearly stated above, and that the Service is not a substitute for care from a physician or licensed healthcare professional.

## Expected Benefits

The possible benefits of the Service include: [list the realistic benefits]. I understand that results vary between people, depend on factors outside the provider's control, including my own effort and health, and are not guaranteed.

## Risks and Side Effects

I have been told about the known risks and side effects of the Service, including: [list the specific risks, such as muscle soreness, fatigue, skin redness, emotional discomfort or minor injury].

Less common but more serious risks include: [list any rare but serious risks, or write "none known"].

I understand that there may be risks that are not known or cannot be predicted. I will tell the provider right away if I feel pain, discomfort or unwell during the Service.

## My Health and Information

I have answered the questions on this form truthfully and completely, including any health conditions, medications, allergies, pregnancy or recent procedures that could affect the Service or my safety. I will tell  if this information changes. If I have any doubts about whether the Service is suitable for me, I will consult a physician before taking part.

## Alternatives

I understand that I may choose a different service or provider, or choose not to have the Service at all. Alternatives explained to me include: [list alternatives, or write "not having the Service"].

## Questions and Voluntary Consent

I have had the opportunity to ask questions about the Service, and my questions have been answered to my satisfaction. I am giving my consent voluntarily. I understand that I may refuse or stop the Service at any time without giving a reason, and that stopping will not affect my right to services in the future. Fees for work already performed may still apply under the policy below.

## Confidentiality

 will keep my personal information confidential and use it only to provide the Service, keep records and meet legal obligations. It will not share my information with others without my permission, except where required by law or in an emergency. If the Service involves a survey or the collection of responses, my answers will be used only for the purpose explained to me: [purpose], and any results shared outside  will be anonymous.

## Fees and Cancellation

The fee for the Service is [amount]. Cancellation policy: [policy].

## Consent

By signing, I confirm that I am at least 18 years old, or that I am the parent or legal guardian of the participant named on this form, that I have read and understood this form, and that I agree to receive the Service described above.

## Please initial each statement

___ I have read the description of the service and understand what it involves.

___ I have been told about the expected benefits, the risks and side effects, and the alternatives, including not having the service.

___ I have had the chance to ask questions, and my questions were answered.

___ I have disclosed relevant health information and will report any changes.

___ I give my consent voluntarily and understand that I can stop at any time.

_____

Participant full name

_____

Date

_____

Date of birth

_____

Phone

_____

Email

_____

Signature