

## **Informed Consent Policy**

### **1. Purpose**

This Informed Consent Policy ensures that all clients fully understand the nature of the services provided, including potential risks, benefits, and their responsibilities before participating in any training, consultation, or health-related service.

Consent must be given voluntarily, based on clear and sufficient information.

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### **2. Voluntary Participation**

All clients participate in services on a voluntary basis. You have the right to:

Accept or decline any service

Withdraw consent at any time

Ask questions before, during, or after sessions

Refusal to give consent will mean that services cannot proceed.

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### **3. Information Provided to Clients**

Before giving consent, clients will be informed of:

The nature and purpose of the service

Expected activities involved (e.g., exercise, assessments, health screening)

Potential benefits and risks

Alternative options where applicable

The practitioner's scope of practice and limitations

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### **4. Health and Medical Disclosure**

Clients are required to disclose all relevant health information prior to participation, including:

Medical conditions

Injuries or pain

Medications

Pregnancy or postpartum status

Any changes in health status during the course of services

Failure to disclose relevant information may increase risk and affect the safety of participation.

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## **5. Risks and Acknowledgement**

Clients acknowledge that participation in physical activity and health-related services carries inherent risks, including but not limited to:

Muscle strain or injury

Cardiovascular stress

Dizziness or fatigue

Exacerbation of pre-existing conditions

By providing consent, clients accept these risks.

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## **6. Scope of Practice**

Clients acknowledge that services provided are within the scope of a personal trainer and healthcare professional working in a non-diagnostic, non-emergency capacity. Services do not replace medical care from a GP or specialist.

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## **7. Withdrawal of Consent**

Clients may withdraw consent at any time. Upon withdrawal, services will be paused or terminated as appropriate.

Any withdrawal of consent does not affect the legality of processing data that occurred prior to withdrawal.

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## **8. Documentation of Consent**

Consent may be obtained through:

Signed physical or digital forms

Online questionnaires (e.g., PAR-Q or intake forms)

Written or electronic agreement prior to service commencement

Records of consent will be securely stored in accordance with data protection requirements.

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## **9. Review of Consent**

Consent may be reviewed and updated periodically, particularly if:

Health status changes

New services are introduced

Significant changes occur in training intensity or programme design

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## **10. Contact Information**

If you have any questions about this Informed Consent Policy, please contact:

If you have any questions regarding this Medical Disclaimer, please contact:

For any questions regarding this policy, please contact:

Name: Mr B Constable

Email: [info@aretehealthandwellness.com](mailto:info@aretehealthandwellness.com)

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