

# **RenewUrHealth - Client Consent Form**

Welcome!

At RenewUrHealth, our goal is to support and empower you in your wellness journey. Before we begin, please review and sign this consent form to acknowledge your understanding of the services provided.

## **1. Nature of Services**

I understand that the services provided by RenewUrHealth are for educational and wellness coaching purposes only. The coach offers lifestyle guidance, stress management strategies, nutritional suggestions, and support for managing chronic conditions such as:

- Prediabetes
- Diabetes
- Hypertension
- High cholesterol
- Obesity
- Emotional wellness concerns

## **2. Medical Disclaimer**

I acknowledge that the Health Coach is not a licensed physician, therapist, or dietitian.

- Coaching sessions do not include medical advice, diagnosis, or treatment.
- I agree to consult with my primary healthcare provider before making any significant lifestyle or medical changes.

## **3. Privacy & Confidentiality**

- My personal information and health details will be kept confidential and secure.
- Communications may occur via phone, email, WhatsApp, or video call.
- I understand that my data will not be sold or shared with third parties.

#### **4. Voluntary Participation**

- I acknowledge that my participation in coaching is voluntary, and I may pause or discontinue services at any time.
- I agree to take full responsibility for my decisions, actions, and outcomes as a result of the coaching process.

#### **5. Refund & Cancellation Policy**

- No refunds will be issued for completed sessions.
- Cancellations must be made at least 24 hours in advance to avoid being charged for the session.

#### **6. Liability Waiver**

- I release and discharge RenewUrHealth and its representatives from any and all claims, damages, or liability arising from my participation in health coaching.
- I understand that results are not guaranteed and depend on my personal engagement.

#### **7. Consent to Be Contacted**

I consent to be contacted by RenewUrHealth for the purpose of scheduling, session follow-up, program updates, and health resources via:

- Phone
- Text/WhatsApp
- Email

#### **Client Agreement**

By signing below, I confirm that I have read and understood this consent form. I agree to the terms outlined above and voluntarily choose to participate in health coaching services with RenewUrHealth.

Client Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_