

Informed Consent

I _____ hereby voluntarily wish to participate in the exercise program offered by Liam tutty. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program.

I certify that the answers to the questions outlined throughout the pre-screening are true and complete to the best of my knowledge. I understand and agree that it is my responsibility to inform Liam of any condition or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participations at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity

I understand that the results of any fitness program cannot be guaranteed, and my progress depends on my effort and cooperation in and outside of the sessions. I have read and understand this term:

Client signature: _____ Date: _____

Elevate Rehabilitation

Program Policies

I understand that undertaking a conditioning/exercise program under the guidance of Elevate Rehabilitation involves the following:

1. I understand that as a part of my programme I will be required to complete my programme as frequently as agreed upon with my supervising Exercise Physiologist

- Should I be unable to complete the program the agreed number of times per week I will let my Exercise Physiologist know
- This may include attendance at a Facility where membership to such will be funded by my insurer. The Facility membership is exclusively for the period of the programme. Upon programme discharge, further memberships will likely not be funded by my Insurer.
- This is to ensure I achieve the most positive outcomes including the application of viable long-term self-management strategies with regards to the rehabilitation of my injury / condition.

2. I am aware that I am required to give my Exercise Physiologist at least 24 HOURS notice if I am unable to attend an appointment, and that cancelled/missed appointments outside this timeframe may affect my ongoing ability to continue participation in my program (exceptional circumstances considered)

3. I understand that my Exercise Physiologist allocates a specific amount of time to each appointment and therefore will endeavour to be punctual for each appointment

- I understand that if I am late for an appointment, the elapsed time will be deducted from my allocated appointment duration

4. Occasionally, we may require you to complete your consultations via an online platform. We use a secure platform to provide this service and have taken every measure to ensure the security and privacy of your information. I understand that this consult involves the use of electronic information and communication technology to and agree, when required, to complete my consult via this medium.

5. My Exercise Physiologist has discussed both the benefits and risks of undertaking a structured exercise programme for my injury/condition. I understand the potential implications of commencing such a programme and do so willingly.

I AM FULLY AWARE AND UNDERSTANDING OF THE ABOVE REQUIREMENTS

Client signature: _____ Date: _____