

Informed Consent Form

Wellness Zen

This form is intended to inform you of the nature, scope, and limitations of the services provided by **Wellness Zen** and to obtain your voluntary consent to participate.

1. Nature of Services

I understand that I am voluntarily enrolling in services that may include:

- Personalized diet/nutrition plans
- Workout/fitness routines
- Lifestyle guidance and wellness coaching

These services are designed to support general health and wellness goals and are not intended to substitute for professional medical care or treatment.

2. Disclaimer of Medical Advice

I acknowledge that:

- The services provided by **Wellness Zen** are for educational and informational purposes only.

- The coaches and consultants are **not licensed medical practitioners** unless explicitly stated.
- I have been advised to consult with a registered medical professional before beginning any new diet, exercise, or supplement regimen, especially if I have a pre-existing condition, am pregnant, or take medication.

3. Client Responsibilities

I agree to:

- Provide accurate and complete information regarding my health history, allergies, medications, and lifestyle.
- Inform the coach of any changes in health status during the course of the program.
- Follow the recommended program at my own discretion, understanding that outcomes depend on individual effort and adherence.

4. Expected Outcomes

I understand that:

- Results vary based on genetics, lifestyle, compliance, and other factors.
- No guarantees have been made regarding specific health, weight, or appearance outcomes.

- I am responsible for monitoring my progress and seeking medical advice if I experience adverse effects.

5. Data Collection and Privacy

I consent to the collection of my personal and health data for the purpose of creating a tailored wellness plan. My data will:

- Be kept confidential and secure
- Not be shared with third parties without my explicit consent
- Be deleted or anonymized upon written request, in accordance with applicable data protection regulations.

6. Right to Withdraw

I understand that I may stop participating at any time and am not under obligation to complete any or all aspects of the program. Any refunds will be subject to the terms outlined in the service agreement.

7. Consent

By signing below, I acknowledge that I have read and understood this Informed Consent Form. I voluntarily consent to participate in the wellness services provided by **Wellness Zen**.

Full Name: _____

Signature: _____

Date: _____

This section is for Employee use only:

Wellness Zen Employee: _____

Signature: _____

Date: _____

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