

**Lotus Fitness and Lifestyle Health Coaching  
Informed Consent Waiver**

I, \_\_\_\_\_, consent to participate in a fitness and lifestyle behavior change program on the starting date of, \_\_\_\_\_. I recognize this program may contain some inherent risks. I expressly assume the risks of the program and I take full responsibility for my life and well-being and all decisions made before, during, and after the program.

I am aware that Coach Lauren may provide information that I may choose to incorporate into my exercise, diet, lifestyle, or behavior change plan - and I acknowledge that these decisions are my own. Coach Lauren providing information does not imply prescription, and I will not hold Coach Lauren liable or responsible for any action that I take.

Though benefits mostly outweigh the many risks of exercise, I am aware of and willingly assume responsibility for all risks, injuries, and/or the possibility of death when performing exercises and physical activities associated with my fitness and lifestyle health coaching program. I am aware that Coach Lauren is qualified to provide evidence based guidance in the design of an exercise program that is specific to my current level of fitness while adhering to the limitations of a previous injury or condition as determined by a licensed health professional, and is relevant in helping me achieve my physical fitness and wellness goals. I am aware that Coach Lauren maintains a current CPR/AED and First Aid certification, and I agree to having Coach Lauren use such training if necessary during the coaching sessions and will not hold Coach Lauren liable for any injuries or consequences resulting from CPR/AED or First Aid procedures.

I am aware that Coach Lauren is qualified to provide me with general, evidence based (eg., RDI, Dietary Guidelines) information upon my request on healthy eating to modify my diet that supports my self determined health and wellness goals.

I attest that my healthcare professional(s) has granted medical clearance upon my entering an exercise program with Coach Lauren. Additionally, upon request, I will provide Coach Lauren with the necessary approval of my healthcare provider(s). I also understand, in some cases, Coach Lauren may request my permission, to suggest a referral to another health care professional that is more qualified in specific areas of health when deemed necessary (eg., Registered Dietician, Physical Therapist, Mental Health specialist).

I am entering into this professional Client-Coach relationship and process out of my own free will with respect to my legal age and mental capacity. I am aware that change is my choice, and that the success or failure of my fitness and lifestyle change program is up to me (the client). I acknowledge that I have been informed of the risks associated with physical activity in which I am about to engage. I am aware of the potential benefits and dangers of the program or client assessment procedures.

Signed: \_\_\_\_\_ (client) Date: \_\_\_\_\_