

Informed Consent

JB PAL Power Ability Learn	Welcome to personal fitness with JB PAL
Ø	We will help you reach your goals
	You will come to sessions with our Personal Trainer
	We will help you exercise
	We will make sure the session feel right for you



	We will keep you safe
? ((We want to hear how you are feeling
↓♀ ♪	Tell us if you want things to change

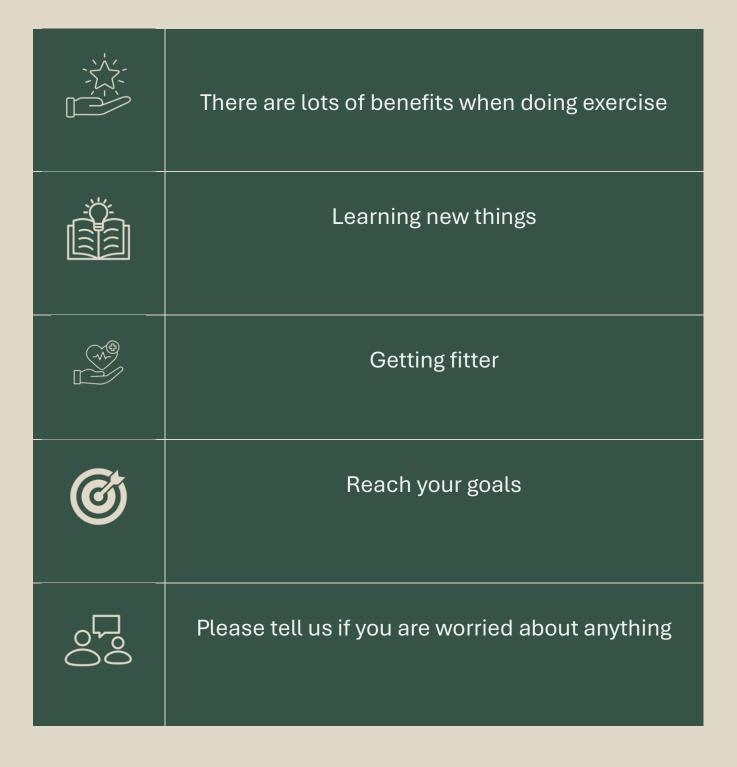


	There are some risks when doing exercise
Zz	You might get tired
(@) ````	You might feel dizzy
Ĩ	You might get sore muscles
	You might get injured



	Our sessions are made to keep you safe
	Tell us if you are feeling bad or hurt
	It is your job to follow the rules for safety
ers S	Go slowly and don't push yourself too much







?	Please ask us any questions
	We keep all your information safe
	We do not share it unless you say it is okay



,; <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I understand the benefits (good things) about exercise	
	I understand the risks (bad things) about exercise	
	I understand it is my responsibility to look after my health	
S L L J	I know it is my choice to start	
	I know I can stop if I want to	
	I know my information will be kept safe	
↓♀ ♪	If anything changes, I will tell my coach	



Signed by client
Signed on behalf of client (Name and relationship to client) ______

Signature:

Date:

Acknowledgement for parent/carer to read and sign on behalf of the client:

I acknowledge that the client is participating in a fitness program and should consult a doctor before engaging in physical activity if there are any concerns about their health.

I hereby release any and all coaches at JB PAL from any liability in the unlikely event of any injuries or damages that the client may sustain as a result of participation in the fitness program.

Signed on behalf of client (Name and relationship to client)

Signature:

Date: