



## Training Consent and Indemnity Form

### Training Services

The training services provided to you by Brendan Davies of UP Coaching (Penrith/Blue Mtns) or any Chapter of UP Coaching (UP Coaching Hawkesbury, UP Coaching Rooty Hill and UP Coaching The Hills) are as defined below. Training combines face-to-face physical training sessions in groups or may involve 1:1 training.

As part of providing a training service to you, your coach will need to collect and record some personal information. Collection of this is a necessary part of training assessment. This may be done in written and/or verbal form.

Training and coaching is provided with the understanding that Brendan Davies and his employees are qualified running coaches. They are not however qualified doctors, physiotherapists, nutritionists or psychologists. They may provide general guidance or information that may relate to these areas, but this advice should not be used as a substitute for seeking qualified medical attention. To get the best out of training and coaching specifically, and life generally, it is expected that you will seek assessment and/or treatment from appropriate professionals if it is needed.

### Confidentiality

You have the absolute right to confidentiality of all your information. You are assured that all personal information gathered by the coach during the provision of all services will remain confidential and secure.

### Cancellation Policy

Full payment is required at beginning of each training session (or if a monthly fee is being paid, at the beginning of each month). Therefore there is no need ever for cancellations or refunds.

<b>Confirmation of Informed Consent</b>			
First Name:	Surname:	DOB:	
Address:		Post Code:	
Emergency Contact Name:		Emergency Phone Number:	
<b>Do any of the following medical or physical conditions apply to you?</b>			
Do you have a family history of heart disease, stroke, raised cholesterol, high blood pressure or diabetes?			
Are you a male over 35 or a female over 45 and NOT used to regular vigorous exercise?			
Are you on prescription medication? If yes, please describe:			
Have you been hospitalised recently?		Have you given birth in the last 6 months?	
Are you pregnant?	Do you smoke?	Any heart condition?	Pain in the chest?

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Stroke?	Dizziness or fainting?	Raised cholesterol/triglycerides?
Asthma?	Diabetes?	High Blood Pressure >140/90?

Are there any injuries or restrictions that may affect your participation in exercise?

If you answered yes to any of the above conditions, have you been cleared to exercise by a health professional?

- 'UP Coaching' refers to any of the training sessions operating under the UP Coaching brand – Hawkesbury, Rooty Hill, The Hills and in Penrith and the Blue Mountains.
- The 'Coach' refers to the Athletics Coach.
- The 'Activity' refers to their participation in personal/group training days which includes strength work, fitness and conditioning, gym equipment use, running\* (including trail running\*\*), fitness testing, swimming, deep water running following a fitness program designed by the Coach and general coaching advice.
- \* This includes activities on public roads and footpaths, ovals and reserves.
- \*\* This includes activities on even and uneven surfaces such as trail, steps, stairs, hills and potentially wet/muddy surfaces.
  
- I acknowledge that it is a condition of participating in this activity that I do so at my own risk.
- I accept all risks and hereby indemnify and release the Coach, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Coach, against all liability (including liability for their negligence and the negligence of others).
- This release and indemnity is ongoing in your involvement with UP Coaching and continues forever and binds my heirs, successors, executor's personal representatives and assigns.
- I acknowledge that participating in this activity may involve a risk to serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings.
- I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury, or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in their activity my coach will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.

I certify that I am 18 years and older and have read this document and fully understand it.

If under 18, a parent/guardian must give consent.

I, (print name) \_\_\_\_\_ have read and understood the above Consent Form.

I agree to these conditions for the training service provided by Coaches from UP Coaching.

Client's Name (please print):

Client's Signature:

Guardian's Signature if client is under 18:

Date:

**Please Note:** If, after reading this page you are unsure of what is written, please discuss it with your coach before signing.

Name of Coach:

Coach's Signature:

Date: