

# Wellness Program Consent Form

## Participant Information

Full Name

Date of Birth

Contact Number

Email Address

## Emergency Contact

Name

Contact Number

Relationship

## Medical Information

Relevant Medical Conditions or Allergies

## Consent and Acknowledgement

☐

I confirm that I have read and understood the information about the Wellness Program.

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I understand the potential risks and benefits and consent to participate in the program.

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I acknowledge that I can withdraw from the program at any time.

Participant Signature

Date

Witness Signature

Date