



CONSENT AND RELEASE FORM

I understand that Change Coaching Australia and Sarah Berenson have a duty of care to me and must ensure that services are delivered within fitness industry scope of practice. As such, Sarah Berenson, my coach and personal trainer, might have to direct specific questions to my health team and support network from time to time. I willingly provide contact details below:

Professional	Name	Phone	Email
General Practitioner			
Sports Doctor			
Massage Therapist			
Soft Tissue Therapist			
Exercise Physiologist			
Physiotherapist			
Hand Physiotherapist			
Sports Physiotherapist			
Chiropractor			
Podiatrist			
Psychologist			
Psychiatrist			
Dietitian			
Cardiologist			
Rheumatologist			
General Physician			
Neurologist			
Lung Specialist			

✓ I consent to Change Coaching Australia and Sarah Berenson liaising with my medical and allied health professionals, first responders, emergency contacts, legal guardian, power of attorney, advocate/carers, disability support coordinator, disability support worker and all professionals listed above

✓ I agree to Sarah Berenson, my coach and personal trainer discussing my capacity to undertake the services I am registered for at Change Coaching Australia with my support network at any time she considers it necessary to safely deliver services

Name: _____ Signature: _____ Date: _____

