

Hopewood Holistic Health Care Center & Advocacy Services

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Providing hands-on and referral services in holistic health care, advocacy & life coaching including local & international workshops & retreats.

Creating a Sense of Place; A Spirit of Hope

Informed Consent and Release

Upon reading and signing, participants are agreeing to release their medical records (via Hopewood's standard medical history form) for review and consultation if need with personal health care provider. Participants' that their names, addresses and personal contact information will be keep confidential and that only information pertinent to the health discussions will be revealed to supportive practitioners and in follow-up proceedings.

Personal Responsibility and Medical Consultation: A standard policy of Hopewood is, that all participants are responsible for their health and wellness, that it is their responsibility to relate accurately any background health concerns, to share all practices with their personal health care providers and to follow guidelines as directed. It is their responsibility to report any issues or side effects, (emotional or physical) to Hopewood and their Health Care practitioner for consideration. It is always suggested that a participant discontinue a practice if any issue manifests itself until a consultant or health care practitioner can be reached. Further, as stated above The participant agrees that the appropriate facilitators of the project or training cay consult with the client's (participant's) primary care practitioner or specialist with regard to any issues related to the training or study and the results obtained.

Claim of Injury or Damage: By signing this form the client (participant) indicates his/her understanding and or that of their guardian should that person be under 18 (eighteen) years of age or under the guardianship of the State for any medical diagnosis. The principles set forth herein waives any claim of damages due to the personal training or selected project, including worsening of the client's condition for which the training or project was undertaken, claimed side effects, or the failure to improve with training or project. It is also stated that the client is responsible for personal wellbeing and safety during travel, transport or service provided on site. In addition, the client agrees to take full responsibility for his/her training, the benefit of such training, or the lack thereof, and further agrees to hold Hopewood Holistic Health Care & Advocacy Services harmless from all claims associated with such training.

Confidentiality: As stated above personal identity and personal contact information will be kept confidential unless separate written consent is obtained. Only information pertinent to this study and future evaluation of the stated techniques will be made public.

Binding Arbitration: The client (participant) further agrees to submit any disputes with Hopewood or any participating individuals or organizations to binding arbitration under the rules of the American Arbitration Association. If a dispute does go to arbitration, it is final and binding. *The parties are waiving their right to seek remedies in court.*

Acknowledgement: I acknowledge that I have been given an opportunity to ask questions regarding this training, protocol, services, procedure or product offered by Hopewood or any participating individual or organization. I acknowledge that I have read and understand the above information and agree to participate fully in the services, project and products offered. *My consent is given voluntarily and without coercion.* I understand that I may discontinue training or services at any time and that I may refuse to consent without a penalty.

Signature of Client or Participant

Date

Printed Name of Client

Signature of Parent of Legal Guardian (If applicable)

Printed Name of Parent or Legal Guardian