I wish to be a voluntary, active participant in the

CHIP program being conducted at

 (ADDRESS OF VENUE OR ONLINE)

Commencing on (date)

The program’s facilitator’s name is

The contact phone number is

As a participant I expect to receive the following services:

1. The opportunity to participate in 18 CHIP sessions which include video presentations by lifestyle experts, cooking demonstrations and facilitated group discussion.
2. A health risk assessment before and after the program that includes a fasting blood sample to measure lipid profile and fasting blood glucose.
3. Guidelines for adopting the Optimal Lifestyle which incorporates a plant-based wholefood diet and moderate exercise.
4. The CHIP Participants Kit which includes a recipe book, workbook, CHIP textbook, pedometer and water bottle OR online CHIP PARTICIPANTS RESOURCES which includes recipe book, workbook, textbook and exercise book.

I understand that I may expect some of the following physical changes in response to the CHIP program:

1. Reduction in elevated blood sugar levels.
2. Reduction in elevated blood pressure.
3. Lowering of total cholesterol and triglycerides and an improved total cholesterol/HDL ratio.
4. Loss of weight.
5. Subject to the prior approval of my physician, possible reduction of medications taken for high blood pressure, blood sugar and lipids and angina pain.

All reasonable care has been taken in preparing and designing the Optimal Lifestyle and CHIP program, any outcomes predicted are illustrative only and should not be relied upon. Lifestyle Medicine Institute provides no warranties and makes no representation that the information provided is appropriate for your particular circumstances or indicates you should follow a particular course of action. You should make your own enquiries and seek medical advice in respect of any particular course of action.

The CHIP program may use information from third parties, we have not checked the accuracy of this information and do no more than pass it on, and accept no liability (direct or indirect) for any injury, loss, claim, damage or any incidental or consequential damages arising out if or in any way connected with the use of any information, or any error or omission in the information provided.

I accept full responsibility for informing my physician of my participation in the CHIP program and of my test results. I agree to take full responsibility for any food allergies or intolerances I may have and understand that this involves my personal enquiry about the ingredients of any food served. I will consult with my physician before making any changes in my medications. To the best of my knowledge, I have no physical or medical conditions that would be adversely affected by participating in the CHIP program. I will inform my physician should I experience any medical problems while participating in the program. I understand that my test results are confidential but that anonymised results may be used for group statistical analysis and summaries.

I understand that there is a slight risk involved in collecting the small samples of blood for the lipid profiles. This requires that venepuncture by an experienced phlebotomist where a vein is punctured by a needle. Though remote, the risks include the possibility of fainting and slight bleeding at the site and infection.

I understand that CHIP is a lifestyle educational program, does not offer medical advice nor is CHIP a substitute for medical advice. Further, I understand that CHIP encourages me to consult with my physician, to advise my physician of the nature and scope of the CHIP program and to have my physician monitor and manage the impact of the CHIP program on me.

I authorise Lifestyle Medicine Institute to collect, store, transfer and use my personal information, including health information, for the purpose of participating in the CHIP program, and for training and research purposes. I understand that if I do not wish to provide this consent I should not participate in CHIP program activities asking for my data. I understand this will limit the resources that I am able to access, and potentially my outcomes, and I agree to this. I understand that my personal information may be disclosed to third parties located both in Australia and overseas for the purpose of managing and providing the CHIP program. I understand my personal information will be handled in accordance with the Lifestyle Medicine Institute's privacy policy <https://chiphealth.com.au/privacy-policy/>.

I agree to my de-identified results being included as part of group analyses and publication of the program’s results and understand that my particular results will not be disclosed to anyone without my express permission.

I release and hold harmless the CHIP program, Lifestyle Medicine Institute, the program Facilitator and CHIP staff and their respective directors, officers, volunteers, representatives or affiliates from any liabilities (direct or indirect) for any injury, loss, claim, damage or any incidental or consequential damages whether caused by negligence or otherwise arising out of or in any way connected with my participation in the CHIP program.

I understand that in signing this form, I am waiving certain legal rights I have carefully read this form before I signed it and have had an opportunity to ask questions about the CHIP program and possible risks. My questions have been answered to my satisfaction. I also understand that I am free to ask any questions pertaining to the CHIP program at any time.

CHIP Participant Signature

Printed Name Date

CHIP Staff Witness

Printed Name Date