

CHSS Virtual Activity - Participation Agreement

Type of Class:	Virtual Physical Activity Session
Conditions of Participation:	<ul style="list-style-type: none"> • I have made my GP/HCP aware that I will be taking part. • It is my responsibility to make sure that I exercise at my own pace. • My participation in the sessions is totally voluntary and I will only take part if I am fit and well. • I understand the group is online and though measures are in place to reduce risks I understand that I will be exercising at my own risk. • It is up to me to make sure I can do the virtual session safely in my own home. • I will ensure that I am wearing appropriate clothing/footwear and I am set up in a comfortable position with plenty of space around me to carry out the movement part of the session. • I am responsible for monitoring my own condition throughout the sessions and should any unusual symptoms occur, I will stop exercising immediately and inform my GP/HCP of these symptoms. • If I begin to feel unwell during the session, I will let the instructor know. • If I need to leave the session, I will let the instructor know. • I will not do an exercise unless it has been shown to me by the trained professional and will not use a machine I have not been instructed to do so. • It is my responsibility to have any essential medication to hand during the session (eg GTN spray or relief inhaler). • If I have received my Covid-19/Flu vaccination I will not take part in in any exercise for 24 hours post jab. • I have read the 'Participant Guidance' document provided.
	<p><i>By clicking submit I acknowledge the above conditions of participation for the virtual exercise class.</i></p>