

## CHSS Virtual Activity - Participation Agreement

<b>Type of Class:</b>	Virtual Exercise Session
<b>Conditions of Participation:</b>	<ul style="list-style-type: none"> <li>• I have made my GP aware that I will be taking part in physical activity.</li> <li>• It is my responsibility to make sure that I exercise at my own pace.</li> </ul>
	<ul style="list-style-type: none"> <li>• My participation in the exercise sessions is totally voluntary and I will only take part if I am fit and well.</li> </ul>
	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	<ul style="list-style-type: none"> <li>• It is up to me to make sure I can do the virtual session safely in my own home.</li> <li>• 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.</li> </ul>
	<ul style="list-style-type: none"> <li>• 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 of these symptoms.</li> </ul>
	<ul style="list-style-type: none"> <li>• If I begin to feel unwell during the session, I will let the organiser know. I will not attend the exercise class if I am unwell.</li> </ul>
	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	<ul style="list-style-type: none"> <li>• I have read the 'Participant Guidance' document provided.</li> </ul>
	<p><i>I acknowledge the above conditions of participation for the virtual exercise class.</i></p>

Member:

Signature:

Date:

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