

Informed Consent for Exercise Participation:

- I understand that exercise carries a potential risk to my health, including cardiac events (e.g. heart attack), falls and fractures but I understand the risks involved and wish to continue my participation in the online LEGS exercise group
- For my safety I will follow at all times the instructions of the physiotherapist
- To the best of my knowledge I have no medical condition that would prevent me from following a physical exercise programme.
- I will inform the physiotherapist if there are any changes to my reported health conditions or any new diagnoses that will impact upon me participating in a group exercise session.
- I will inform the physiotherapist if there is any change in my current medication
- I understand that I am responsible for monitoring my own condition during the online exercise sessions and I will take rest stops when necessary. I will pace myself and report to the physiotherapist any unusual symptoms that occur, e.g. chest pain, palpitations or dizziness.
- I understand that if I am unwell I will not participate in the group.
- In signing this consent form, I affirm that I accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with exercise classes and willingly accept those possibilities. I take full responsibility for my own health and safety in participating in the exercise class.

Name:

Signature:

Date:

Privacy and Data Protection

- I have been provided with a copy of LEGS' Privacy Notice and I understand the contents
- I understand that the Zoom sessions will not be recorded and that you will inform people in your household that they may be seen on camera if they walk into shot when the Zoom class is on but they will not be identified.
- I am aware that the physiotherapist keeps notes after each LEGS session, in accordance with General Data Protection Regulations (GDPR).
- I give my consent for this information to be shared (including via email) or discussed with other health professionals involved in my care (e.g. GP/Consultant/Referrer) when this is necessary.
- I understand that if there is a concern for my safety or that of others, the physiotherapist has a duty of care to break confidentiality and inform my GP or other relevant professionals.
- I have the right to see any information LEGS holds about me, and to have this information corrected.
- I give permission for LEGS to reach me via telephone and leave a message when required and also to be contacted via email and post when necessary.
- I give permission for photographs and videos of me to be used on the internet by LEGS for publicity and fundraising purposes.
- I have provided details of my Next of Kin and I give permission for LEGS to contact this person in case of an emergency.

Name:

Signature:

Date:

Email Communication Preferences (please circle Yes or No)

- I would like to receive communications, including newsletters, from LEGS which may include news about the services they provide, details of social events and charity developments.

YES / NO

- I would like to be included in a WhatsApp group with other participants and understand that this means that group members can see my number, name and profile picture (according to my settings).

YES/NO

- I would like LEGS to also email a nominated carer, family member or friend in addition, or instead of myself, to assist with administrative matters.

YES / NO

(if yes, please state name of person, relationship to you and their email address:

Liability Release

I assume all responsibility for all risk, danger or injury, which may occur while participating in LEGS sessions and am aware that during the COVID -19 restrictions these classes will occur online / virtually rather than in the studio. I (hereby agree for myself and all persons associated with my affairs to:

1. Waive, release and discharge from any and all liability to any member of staff or volunteer appointed by LEGS, for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may occur as a result of my participation at LEGS.
2. Indemnify LEGS, and any of their staff or volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or resulting to my participation in LEGS activities.

Name:

Signature:

Date: