

**Group Activity**

**Terms and conditions, informed consent, and waiver declaration**

Welcome to your class-based activity. Classes are usually around 45 minutes and options are provided for each exercise to enable participants to enjoy and fully participate in their class. Before we begin, I would like to inform you of the scope, purpose, risks and benefits. This will help you to understand your rights and responsibilities and help you to gain the maximum benefits from the class.

**Scope of Practice Applicable to this Session**

My qualifications and insurance mean that I can work with groups of people, including those in later life. I am also qualified to adapt and plan training sessions for clients with a range of medical conditions including asthma, diabetes (Type 1 and Type 2), rheumatoid arthritis, osteoporosis, obesity, depression and anxiety.

**Purpose**

The purpose of the class is to help you to move more and achieve your goals. I will use a wide range of exercises and techniques designed to stimulate the muscles and cardiovascular system in the body to improve strength, flexibility, and balance.

**Risks**

Exercise is tremendously beneficial to health; however, all exercise carries the risk of injury, and the risk that medical conditions may be triggered or exacerbated. To help manage this risk, I will ask you to initially complete a PAR Q data collection form, and alert me to any changes in your medical status. Exercise is planned to be suitable for a wide range of abilities and medical/physical conditions; however, you must be aware that there is a residual risk of injuries, and you should always work at your own pace, listen to your body and alert me and/or your GP about anything unusual.

**Benefits**

The benefits of exercise are numerous and far-reaching, and depending on your motivation and goals, some may be more important to you than others. As the body ages, regular exercise can improve the likelihood of independent living in older age. Regular exercise can reduce the risk of cardiovascular disease, improve cognitive function (and perhaps reduce the risk of Alzheimer's Disease), reduce anxiety and depression, increase flexibility and reduce joint pain, improve strength and balance thus reducing the risk of falls, increase mental wellbeing as a result of being part of an active community, help maintain a stable weight, improve the likelihood of healthier eating and lifestyle choices, improve sleep, increase confidence, and increase not just lifespan, but the amount of life spent in a healthy state.

**Our responsibilities to each other**

**My commitment to you**

I will only work within the scope of qualifications and Public Liability Insurance and I will provide you with the best possible service within an empathetic, flexible, and creative setting.

I commit to keeping all your information and everything you tell me confidential. The only exceptions are required lawful disclosure or where there is a danger to life. I will never make any details available to third parties without your permission.

**Your responsibilities to me**

You are responsible for being open and honest, asking questions if things are unclear, and working to your capabilities within each class.

If you need to contact me before or after a class, my mobile number is 07887 732752, and my email address is amandasaunders@mac.com.

**Client Declaration; please read carefully before signing.**

I know of no reason why my physical or medical status would exclude me from this class and I will advise the class leader immediately of any changes in my physical[[1]](#footnote-1) or medical status.

The purpose, risks and benefits of the class have been explained to me. I understand what is required of me, that I may withdraw at any time, and I can ask for all of my data to be deleted if I wish.

I take full responsibility for following instructions accurately and stopping if I feel unwell. I confirm that I accept the risk of exercising remotely without an instructor in the room and accept that health and safety and emergency arrangements are my own responsibility.

I understand that there are some risks associated with exercise, but knowing these risks, I desire to participate in these activities, and by signing this form, I take complete responsibility for the consequences of any appropriately planned and delivered activities. Having read and understood this informed consent form, I release the class leader from any liability relating to illness or injury, and I voluntarily sign this declaration.

Client Signature Client Name and Date

Coach Signature Coach Name and Date

Amanda Saunders 7/7/2023

1. Symptoms include fatigue, chest discomfort, shortness of breath, any type of sharp or dull pain [↑](#footnote-ref-1)