

ZOOM VIRTUAL EXERCISE

Informed Consent/Release and Waiver of Liability Form

I, the undersigned, do herby acknowledge my consent to take part in a Zoom virtual exercise facilitated by Something Better Vegetarian Deli. We follow an exercise program done by ‘Grow with Jo’ each morning.

I understand that the health promoters work with volunteers who may also provide support during the sessions.

I understand that I will be provided advice about physical activity, exercise, and other healthy lifestyle topics.

I understand that I may only participate in the virtual exercise if I adhere to the following recommendations:

* That I can only participate if I have a camera on my electronic device allowing volunteers to always observe me while performing the exercise.
* That an emergency contact is aware that I am taking part in the online virtual exercise program and an emergency contact has been provided.
* That I have a phone in proximity in case of an emergency.
* That I will have proper footwear
* That I will have a water bottle near me to stay hydrated
* That I will be exercising in a space free and clear from obstacles which might pose a threat.

I understand that I am responsible for my wellbeing, and that I may modify and/or refrain from certain exercises, and can stop doing the supervised virtual exercise session at any time, provided I inform the the person responsible for the session if I choose to leave; I understand that there are risks involved in the exercise program which could include, but are not limited to the following: episodes of transient light-headedness, abnormal heart rate and/or blood pressure, chest discomfort, leg cramps, nausea, loss of consciousness, and that I voluntarily and wilfully assume those risks;

I understand my obligation to immediately inform the health promoters responsible for the virtual Zoom session of any pain, discomfort, fatigue, difficulty breathing, discomfort in chest, shoulder, jaw, back, neck or any other health symptoms that I may have during or following the virtual exercise class.

I understand that if I observe, feel, or have any symptoms of undue distress, an abnormal response (chest pain, difficulty breathing), or that I think that I am having a stroke or heart attack, I will call 919 immediately and/or notify and/or allow the online volunteers to call 919. I understand that the Marlene may choose to call 911 if she perceives that I am in immediate distress and/or danger.

I have understood and completed a health screening [e.g., the Get Active Questionnaire] and/or have gotten physician consent confirming my readiness to participate in the Zoom virtual exercise session to become more physically active. I agree that by participating in the Zoom virtual exercise session, I do so entirely at my own risk, and I voluntarily and willingly assume all risks of injury, illness, or death.

By replying to this e-mail, I acknowledge that I have carefully read this “ZOOM VIRTUAL EXERCISE GROUP INFORMED CONSENT/RELEASE AND WAIVER OF LIABILITY FORM” and fully understand that it is a release of liability. I agree to release Something Better Vegetarian Deli of and from all complaints, claims, demands or causes of action and agree to waive any right that I may otherwise have to bring legal action against Something Better or Marlene McKinney. I understand that if I file a complaint, claim, demand or proceeding of any kind whatsoever in relation to my participation in the Zoom virtual exercise session, this Release and Waiver of Liability may be invoked as an obstacle to any such proceeding. I have read, understand, and agree to the terms expressed in this document.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_