



Active Living for Life *ONLINE*

Informed Consent and Liability Waiver

Informed Consent

Program description: The Active Living for Life program was designed by experts in the fields of nephrology and exercise to help kidney patients like you become more active at home and in your community. You will be participating in an *Online* version of this exercise program to help you improve your fitness level and achieve your healthy lifestyle goals. The sessions will be offered twice a week for 10 weeks and follow the recommendations of the Active Living For Life program. You will also have an opportunity to follow the program independently by logging into the Embodia app, which will be the online platform used for the communication and program delivery.

Potential benefits: You will have the opportunity to engage in a safe exercise routine in the comfort of your own home, create healthy lifestyle goals and learn more about physical fitness and activity tracking, with support from the instructor and your fellow patients. You will also have the opportunity to provide valuable input into the future implementation of the program.

Potential risks: You may feel uncomfortable learning new skills or answering the questionnaires. The program Supervisor and Student instructors will know your name, address and be aware of the medical information you provide. As with any physical activity, this exercise program might put you at risk of discomfort, injury or medical event. The program has been designed to be low impact and low risk with the unique characteristics of CKD a top consideration.

Freedom to participate: While we do ask that you make a commitment to this program, it is your choice to participate or not to participate in this program. You are also free to withdraw your participation at any time.

Contact Information: If you have any questions about The Active Living for Life *Online* program, please contact Monika Dylewski, the Supervising Instructor. Email: activelivingbrampton@gmail.com

Waiver of Negligence & Complete Release of Liability

I wish to participate in the Active Living for Life *Online* program, which I understand to include two 45-minute exercise sessions a week for the period of 10 weeks. I understand that by participating in the Active Living for Life *Online* program I will be using my home space and I am aware of and appreciate the risks which may result. I am voluntarily participating in this program with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

I agree to assume all risks and to release and hold harmless the Kazman Foundation for Charitable Giving, their affiliated organizations, and all of their respective officers, directors, agents, employees and members who, through negligence, carelessness or any other cause, might otherwise be liable to me.

I intend by this 'Waiver and Release' to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Active Living for Life *Online* program, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released. I understand and agree that this 'Waiver and Release' is binding on my heirs, assigns and legal representatives.

I am physically capable of participating in the Active Living for Life *Online* program. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in the Active Living for Life *Online* program. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the Active Living for Life *Online* program description and rules for participation in the program and I will abide by all rules and regulations established by the Active Living for Life *Online* program organizers and personnel.

I have carefully read this 'Waiver and Release' and fully understand its contents. I certify that I am at least 18 years of age at time of the program. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and all of their respective officers, directors, employees, agents and representatives and I sign it of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement during the first online session. and the failure to do so will disqualify me from participating in the program.

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING

I AGREE (please check the box)

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: (dd/mm/yy) _____

Personal Information

The following information will be used by Active Living for Life *Online* program staff and volunteers in case of an emergency. This information will be kept strictly confidential and available for access only by Active Living for Life program staff and volunteers and EMS personnel, as necessary.

First Name: _____ Last Name: _____

Age: _____ Date of Birth (dd/mm/yy): _____ Health Card #: _____

Address: _____ City: _____ Province: _____

Phone: _____ E-mail: _____

Medical history (medical conditions/surgeries/injuries/medical incidents):

Allergies (medication, food, environment):

Are you taking any prescription medications? (If yes, please specify or attach prescription list)

Emergency Contact Information

First Name: _____ Last Name: _____

Relationship: _____ Phone: _____

I hereby give permission to Active Living for Life Online program staff and volunteers to provide emergency and routine first aid, and seek emergency medical treatment including, without limitation, ordering tests or any other procedure recommended by any physician or medical provider. I agree to the release of any records necessary for insurance/medical purposes. I hereby give permission to Active Living for Life Online program staff and volunteers to call my Emergency Contact and/or EMS and arrange any necessary transportation for me in the event of an emergency. I am aware that either myself or my health insurance provider will be responsible for the cost of emergency medical transportation as required. In the event of an emergency, I hereby give permission to all physicians, related medical providers and any health care facility to secure and administer treatment, including hospitalization, for the participant identified above.

Signature: _____ Date: (dd/mm/yy)
