

## CSCE Activity Participation Form

☐ Alexandria ☐ Bourget ☐ Cornwall ☐ Crysler ☐ Embrun ☐ Limoges

Activity:

Complete name:

Health card #:

Address:

Postal code:

Date of birth:

Telephone #:

Email:

☐ I would like to receive by email information on CSCE programs, services and activities.

Allergies:

Important health  
issues:

Emergency  
contact (name):

Telephone #:

### Photo Consent

I authorize the Centre de santé communautaire de l'Estrie (CSCE) to take my photograph. I also hereby agree that the pictures taken during the course of the activity may be used to promote the activity or overall services of the CSCE by way of pamphlets, information bulletin, CSCE website and Facebook page, information booths and others.

☐ Yes ☐ No



## **Zoom Virtual Exercise Group Informed Consent/Release and Waiver of Liability Form**

I, the undersigned, do hereby acknowledge my consent to take part in a Zoom virtual exercise class offered by the Centre de santé communautaire de l'Estrie (CSCE). A health promoter will be facilitating the exercise program, while a second health promoter offers online support during the virtual exercise session;

I understand that the health promoters work with volunteers who may also provide support during the sessions. I am aware that I can speak with the health promoters if I have concerns with the volunteers' roles during these sessions;

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

I understand that I may only participate in the Zoom virtual exercise session if I have attended the Zoom orientation session prior to the virtual exercise class and that I will adhere to the following recommendations:

- That I have confirmed and validated the location where I will be doing the online virtual class (address and apartment/unit number/phone number) and have provided the name and phone number of an emergency contact to the facilitators of the program;
- That I can only participate if I have a camera on my electronic device allowing the CSCE staff to observe me at all times while performing the exercises. In doing so, this will allow the CSCE staff to ensure that I am doing the exercises safely and will allow them to respond appropriately in case of an emergency;
- That my emergency contact is aware that I am taking part in the online virtual exercise program and that the CSCE staff have my most recent emergency contact;
- That I will inform the CSCE staff of my departure should I have to leave the session early.
- That I have a phone in proximity in case of an emergency;
- That I will use a sturdy chair (without wheels);
- That I will wear proper footwear;
- That I will have a water bottle/glass of water near me to stay hydrated;
- That I will be exercising in a space which is free and clear from obstacles which might pose a risk for falls.

I understand that Zoom's virtual platform has limitations compared with in person encounters, for example difficulty for the facilitator to properly observe participants' positioning as they perform their exercises.

I understand that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the virtual exercise session;

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 CSCE staff 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 lightheadedness, abnormal heart rate and/or blood pressure, chest discomfort, leg cramps, nausea, loss of consciousness, and that I voluntarily and willfully

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 911 immediately and/or notify and/or allow the CSCE online staff to call 911. I understand that the CSCE staff may choose to call 911 if they perceive that I am in immediate distress and/or danger;

I understand that in the event that I am showing signs of being unwell, the CSCE staff will attempt to reach me by phone, and if needed, may directly call 911 on my behalf as well as notify my emergency contact;

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 the instructors, the Centre de santé Communautaire de l’Estrie, and all of its directors, officers, employees and agents of and from any and all complaints, claims, demands or causes of action and agree to waive any right that I may otherwise have to bring legal action against any CSCE employee. 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:** \_\_\_\_\_

## Electronic Communications and Videoconference Consent Form

The Centre de santé communautaire de l'Estrie (CSCE) uses various means of communication to correspond with its clientele, such as email or videoconference.

**Although email and videoconference has several benefits, it includes certain risks which you need to understand.**

Please read the following information. The CSCE wishes to ensure that you understand the risks before authorizing us to keep your email address on file:

- Email communication or videoconference are not considered to be private or secure;
- Your electronic communications at work may be monitored;
- Email is easier to forge than a hand-signed paper copy;
- It is impossible to verify the actual identity of the sender or to ensure that only one recipient can read the email;
- Any email received could potentially introduce a virus in your computer system;
- Emails can be transferred, intercepted, broadcast, recorded or even changed without your knowledge;
- The sender can send an email to the wrong address by mistake;
- Emails cannot be deleted. Even if copies of an email have been deleted by the sender and recipient, backup copies can exist within the computer system or on the internet.

To minimize some of these risks, the two parties agree to the following responsibilities:

### Responsibilities of the CSCE

As an organization, the CSCE is subject to the standards of the Personal Health Information Protection Act, 2004. In doing so, all staff has signed and respects the policy on the protection of personal information (PS02) which ensures the accuracy and confidential nature of personal information that it obtains in the course of its activities. To this end, measures are taken to secure your personal information.

All of our clients' email addresses are stored in our secure electronic health record platform, protected by passwords. All communications between the electronic systems used at the centre and the centre's server are coded with the "Secure Socket Layer" (SSL) protocol. Firewalls also prevent unauthorized access to our system's network and block spam, viruses and other undesirable content before they reach our infrastructure and users.

### Client Responsibilities

Clients must provide us with a private email address that is not accessible to anyone else. They must ensure that their email address is protected by software encoding, or they should understand that there is an increased risk of private information being violated. Clients that change their email address need to inform the CSCE as soon as possible.

We take your health and well-being seriously. Thank you for your confidence in us.

**The decision to communicate with clients by email or videoconference remains at the discretion of each CSCE professional. Some may prefer not to use electronic communication.**

**As such, the agreement signed today strictly concerns you and the professional mentioned below. However, for the Diabetes Education Program or a group, this same agreement may authorize several professionals to communicate with you by email or videoconference.**

*For persons 16 years of age and over:*

I, \_\_\_\_\_, agree and accept:

To receive emails or videoconference from the following professional(s):

\_\_\_\_\_  
Yes ☐ No ☐

My email address is: \_\_\_\_\_

*For parents or guardians (children under 16 years of age) or other legal guardians:*

My name is: \_\_\_\_\_

My relationship with the client is: \_\_\_\_\_

On behalf of, \_\_\_\_\_, I agree and accept:

To receive emails or videoconference from the following professional(s):

\_\_\_\_\_  
Yes ☐ No ☐

My email address is: \_\_\_\_\_

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

**Client's signature:** \_\_\_\_\_

**Professional's signature:** \_\_\_\_\_