

Agreement must be read and completed prior to participating in the practical session of the Safe Client Handling and Injury Prevention Program (SCHIPP).

Return completed form to the Facilitator.

1. For my own safety, if I have any physical injuries or conditions that prevent me from doing exercises (example: neck, back, knee, respiratory), I will notify my facilitator prior to engaging in the practical session of the safe client handling techniques.
2. If I experience any discomfort or pain, I will stop immediately and notify my facilitator.
3. I will move slowly and deliberately. I will not try to trick my partner(s). All movements will be slow, careful and obvious.
4. While moving in slow motion I will try to make moves as realistic as possible.
5. I will communicate clearly with my partner(s) ensuring we understand who is the client and who is the caregiver(s) for each task that is to be performed.
6. When playing the role of caregiver I will make my moves slow, careful and obvious.
7. When playing the role of the client, I will actively assist and cooperate in the safe handling techniques that are being performed.
8. I will alternate between client and caregiver role several times on each technique until I am comfortable and familiar with the technique.
9. I will stop any activity when instructed to do so by my facilitator or by another participant in the group.

Print Name:

Signature:

Date:

Agreement with Participant to be retained with Site/Program.