

Leader/Instructor Statement of Understanding

The Arthritis Foundation has established the following policies and procedures to ensure the quality of its programs. Please sign on the following page to indicate your acknowledgement and acceptance of these requirements:

- As the first step in becoming an AF certified Leader or Instructor, I will attend and successfully complete an AF Leader/Instructor Training Workshop (in-person or on-line) conducted by certified trainers from either the AF directly or organizations authorized by the AF. I will complete and sign this Application Form and Statement of Understanding and meet all appropriate prerequisite qualifications. I will actively participate in all aspects of the training. I understand that only certain AF-approved trainers can teach others to become AF Leaders or Instructors. I may not teach others how to lead the AF program classes.
- As a condition of maintaining my certification, I will attend an AF Recertification training for each AF program I am certified to instruct at least once every two years and agree to participate in annual continuing education activities when available from the AF. The Walk With Ease program does not require recertification.
- I understand that certification as an AF Leader or Instructor provides me with a limited license to deliver the AF program(s) in which I've been trained as long as I maintain my affiliation with the AF and uphold its policies and procedures. I acknowledge that the AF program materials are copyrighted and agree to honor the programs' copyright protection.
- I will carry professional liability insurance coverage with an aggregate/single occurrence limit not less than one million dollars (\$1,000,000.00) for personal injury or property damage, unless I am covered by my host facility's comprehensive or professional liability insurance policy. I agree to notify the AF immediately if the insurance I agree to carry at any time lapses or I am no longer covered by the facility or my employer.
- I will conduct and support marketing efforts for the AF classes in my community in collaboration with the AF. I will notify the AF in advance of each course series to assure adequate time for promotion and other preparations. I will notify the AF if I stop teaching the AF program at any location. I will assure that participants recognize the AF's co-sponsorship of the programs. I will provide participants with information about other AF programs and services.
- I agree to follow the standardized program curriculum and will not make any variations in the approved program content or process described in the program leader/instructor manuals without prior written permission.
- I will only teach classes at locations or facilities that are safe and meet all conditions required by each program's requirements and procedures. I agree that it is my responsibility to ensure that the location or facility meets any applicable requirements before I begin instructing.
- To protect the AF and myself against legal claims, I will ensure each new course participant has signed a Participant Release Form either through the AF, through the applicable facility, or

through my own actions. I will maintain records that establish how each participant has signed Participant Release Forms. I will also communicate and enforce the safety principles I learn in the AF Leader/ Instructor Training Workshop.

- If requested, I will submit complete and timely participant data and participate in any other data collection projects that the Arthritis Foundation uses to measure the reach, quality and/or impact of the AF programs in accordance with a specified reporting schedule and method.
- I agree to uphold and maintain the policies, procedures and standards of the AF program and to fulfill all obligations listed in the AF Leader/ Instructor Position Description and in the AF Leader/ Instructor manuals.
- I understand that the Arthritis Foundation is a voluntary health organization. If serving in a voluntary capacity, I will not receive compensation or employee benefits from the Arthritis Foundation. However, an honorarium may be paid.

I HAVE READ AND I UNDERSTAND THE PRECEDING STATEMENTS. I FURTHER UNDERSTAND THAT COMPLIANCE WITH THIS STATEMENT OF UNDERSTANDING IS REQUIRED FOR MY TRAINING AND CONTINUED PARTICIPATION AS AN ARTHRITIS FOUNDATION LEADER OR INSTRUCTOR.

Print Name of Leader/Instructor Applicant

Date

Signature