

Informed Consent Form for Fitness Testing, Training, and Therapy

Assessment Objectives. The assessment you are about to undergo is designed to give a reasonable measure of your current level of fitness, and will include the following (Check where appropriate):

- Aerobic Capacity
- Body Composition
- Lung Function
- Flexibility
- Muscular Strength
- Muscular Endurance
- Sport Specific Testing
- Muscular Manipulation

Explanation of Procedures: I understand each test will be explained to me and any questions I have will be answered. Specialized equipment may be used to perform the assessment, and I can stop the test at any point if I feel uncomfortable or can not continue.

Potential Risks: I understand a level of exertion is required during this test that will temporarily increase my heart rate and raise my blood pressure. If I have cardiovascular or other disease – whether diagnosed or undiagnosed – I understand I can be at significant risk for adverse events or even death. In addition, as with all vigorous physical activity, there exists a risk of musculoskeletal injury. I understand that while these outcomes are rare, it is quite common to experience some stiffness in the muscles in 24 – 48 hour period following after testing. I understand my trainer is experienced in performing assessments and first aid and will respond quickly to any problems.

Potential Benefits: I understand the results of this assessment will help to determine my present level of fitness, and highlight my abilities and any areas of specific need. This will be particularly useful when designing my exercise program so that it can be personalized, safe, and effective.

Consent: I have read the information on this page and I understand it. Any questions concerning the information and procedures have been answered to my satisfaction. I also understand that I am free to stop the assessment at any time and seek professional medical advice or opinion.

Any information derived from the assessment is confidential and will not be disclosed without my permission to anyone other than my Doctor or the staff of this facility.

Participant Name:

Date: