



Informed Consent Form

The tests included in the fitness evaluation will test the following areas of physical fitness: (1) cardio respiratory endurance, (2) body composition, (3) muscular strength/muscular endurance, and (4) flexibility.

The most physically demanding tests are the cardio respiratory and muscular strength/muscular endurance tests. The cardio respiratory test consists of riding a stationary bicycle, walking/running on a treadmill, or stepping up and down from a 12-inch-high bench. The purpose is to examine your heart rate response to sub maximal exercise and recovery periods. The muscular strength/endurance tests are either 1-repetition maximum on a bench press machine or the number of curl-ups and/or push-ups performed in one minute.

Muscular fatigue may be experienced during or after these tests. Complications have been few during exercise tests, especially those of a sub maximal nature. If the person exercising is not tolerating the test well, it is stopped. Reported complications (1 in 10,000 tests) include faintness and irregularities in heart function. Also, risk of injury getting on or off exercise equipment is possible but rare.

In signing this consent form, you acknowledge that you have read and understood the description of these tests and their complications. In addition, you state that any questions you have about the fitness evaluation have been answered to your satisfaction. Every effort will be made to ensure your health and safety. You enter into the tests willingly and may withdraw at any time.

Information and data obtained from any procedure or within the execution of the program process will be construed as confidential. As such, that information and those data will not be released unless written authorization is provided by the participant named below.

A physician's examination is recommended for (1) all participants with any exercise restrictions and (2) all men greater or equal to 45 years old and all women greater or equal to 55 years old. Personal training participants in either or both of these categories who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

Participant's name (please print clearly)

Participant's signature

Date: _____

Parent/Guardian's signature (if needed)

Date: _____

Witness' signature

Date: _____