



**► Informed Consent**

**PLEASE FILL OUT ALL INFORMATION REQUESTED BELOW**

I, (print name) \_\_\_\_\_, give my consent to participate in the physical fitness evaluation program conducted by \_\_\_\_\_.

**BENEFITS**

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

**RISKS**

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

**TESTING AND EVALUATION RESULTS**

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, taking a step test or bicycle ergometer test for cardiovascular fitness, and being tested for muscular fitness and body composition.

I further understand that such screening is intended to provide \_\_\_\_\_ with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. I will be provided a copy of all test results. I may share the results with whomever I please, including my personal physician. By signing this consent form I understand that I am personally responsible for my actions during my tenure at \_\_\_\_\_, and that I waive the responsibility of this center if I should incur any injury as a result of my negligence.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS: \_\_\_\_\_