



## Client Informed Consent –

### Niagara Jr Knights

I, \_\_\_\_\_ (print Athlete's name) acknowledge my consent to undergo an assessment and physical activities of my ability that may include:

- Measurements of heart rate and blood pressure
- Maximal aerobic or anaerobic assessment
- Maximal musculoskeletal assessment (muscular strength, endurance, power, flexibility, or balance)
- Engaging in fitness classes/workouts based on fitness assessments.

I do hereby acknowledge as a participating client, I have disclosed all medical history/concerns/injuries, as well as personal health, lifestyle, and general well-being. I have completed the **required pre-screening documents** and have provided accurate responses with respect to my medical health history. I understand my personal information will be kept confidential. Niagara College students may be participating in testing as part of their learning at times and I understand any of my personal health history shared with students may also be discussed with NC lab technicians or staff.

I understand that, while I may have been appropriately cleared by a physician there are still inherent injury and accident risks in engaging in any form of physical activity. As such, I agree to discuss any/all injury or accident-related concerns directly and immediately with the Lab Technician or qualified Niagara College employee so it can be monitored in an appropriate manner. I also understand it is my right to stop or delay the session if I experience any discomfort or fatigue and should do so immediately upon experiencing any symptoms. I also understand the Lab Technician may terminate the session if any abnormal signs or responses to exercise are observed.

I also hereby absolve Niagara College, as well as all qualified instructors and involved in this program from any responsibility and liability should any form of unforeseen injury or incident occur.

As a client participating in this program, I understand that Niagara College staff may periodically take pictures or videos during various forms of exercise sessions, and I consent to these pictures or videos being taken. These pictures and videos may be used solely for official marketing purposes through a variety of college-based media outlets.

I acknowledge that I have read and fully understand all the above information. I agree to comply with all the above information as a participating client in this program. Lack of agreement may result in an inability to participate in this program.

This form must be completed in pen (unless electronic), signed by a witness, and submitted to the Lab Technician or qualified Niagara College employee prior to any testing being completed.

If you are under the age of majority, **this form must be signed by your parent/guardian.**

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature (Parent or Guardian if applicable)

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_