

Informed Consent for Exercise Testing

This form is an important legal document. It explains the risks you are assuming by beginning an exercise testing program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

I hereby voluntarily give consent to engage in a fitness test. I understand that the fitness test will involve progressive stages of increasing effort and that at any time I may, at my sole discretion, terminate the test for any reason.

I understand that during some tests I may be encouraged to work at maximum effort and that at any time I may, at my sole discretion, terminate the test for any reason.

I understand there are certain changes which may occur during the fitness test. These changes could possibly include abnormal blood pressure, fainting, irregular or abnormal heart beat, and, in very rare instances, heart attack, stroke, and/or death.

I understand that every effort will be made to minimize problems by preliminary examination and questioning, and close observation during the entire testing process.

I understand that I am responsible for monitoring my own condition throughout the testing process, and should any unusual symptoms occur, I will immediately cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, dizziness, light headedness, and joint or muscle pain or injury.

Also, in consideration of being allowed to participate in the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless _____, and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for any injury or death, including claims for negligence, arising out of or related to my participation in the fitness testing process.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Signature

Date

Please Print Name