BRIAN DANLEY FITNESS

INFORMED CONSENT FOR AN EXERCISE TEST

1. Purpose and Explanation of the Test.

You will perform an exercise test to determine your current state of health. Data results will be utilized in developing your fitness program, evaluating your progress, and for establishing attainable goals. This test includes the following exercise components in the order as indicated if performed on the same day:

1. **Body Composition Assessment**: includes skinfold caliper **or** tape circumference measurements to calculate percent bodyfat;

2. **Cardiorespiratory Endurance**: treadmill test to estimate VO2-max based on heart rate response;

3. **Postural Assessment:** squat, spinal and prone knee raise assessment tests to determine which muscles may need to be stretched and strengthened;

4. **Muscular Strength:** assessed via a formula to estimate 1-RM while performing strength-training exercises;

5. **Flexibility Assessment:** assessed via the aforementioned postural assessment squat test.

The personal trainer may stop the test at any time should you experience obvious signs of fatigue or sudden changes in heart rate or blood pressure.

2. Expected Benefits.

The results obtained from the exercise test may assist in diagnosing your illness, in evaluating the effect of your medication(s), or in assessing what type of low-risk physical activities are best.

3. Inherent Risks and Discomforts.

Complications have been few during exercise tests, especially those of a submaximal nature. Nevertheless, certain changes may occur during the test. These include but are not limited to abnormal blood pressure, fainting spells, irregular heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluating preliminary information relating to your health and fitness and by careful observation during testing. The test will be immediately stopped if, at any time, you feel you are not tolerating the test well. The personal trainer is CPR-qualified and will be able to respond appropriately should an unusual situation arise.

4. Responsibilities of the Participant.

Information you possess about your health status or previous experiences of heart-related symptoms (such as shortness of breath with low-level activity, pain,

pressure, tightness, heaviness in the chest, neck, jaw, back and/or arms) with physical effort may affect the safety of your exercise test. Your prompt reporting of these and any other unusual feelings during the exercise test is of great importance. You are responsible for the full disclosure of your medical history as well as any symptoms that may occur during the test. You are also expected to report all medications (including non-prescription) taken recently and, in particular, those taken on the day of the exercise test, to the personal trainer. Continue with your usual medication regiment so that the exercise responses will be consistent with the responses expected during exercise training. Please refrain from ingesting food, alcohol, caffeine, or using tobacco products within three hours of testing. You should be rested for the assessment so avoid any significant exercise on the day of the assessment. Drink plenty of fluids over the 24-hour period preceding the test to ensure normal hydration. Wear loose-fitting clothing consistent with testing and get an adequate amount of sleep (6 to 8 hours) the night before the test.

5. Inquires.

Any questions about the procedures used in the exercise test or the results of your test are encouraged. If you have any questions or concerns, please ask for further explanation. You enter into the tests voluntarily and may withdraw at any time.

6. Use of Medical Records.

The information that is obtained during the exercise testing will be treated as privileged and confidential. It is not to be released or revealed to any person except your referring physician without your written consent. The information obtained, however, may be used for statistical analysis or scientific purposes with your right to privacy retained. Please understand that the testing is not intended to replace any medical test or the services of your physician.

7. Freedom of Consent.

A physician's examination is recommended for:

- *All* participants with *any* exercise restrictions; and
- *All* men ≥ 45 years of age and *all* women ≥ 55 years of age.

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. I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point if I so desire.

I HAVE READ THIS FORM AND UNDERSTAND THE TESTING PROCEDURES. BY SIGNING THIS CONSENT FORM I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR MY ACTIONS DURING

THE EXERCISE TESTING PROTOCOL AND WAIVE ANY RESPONSIBILITY OF THE PERSONAL TRAINER FOR ANY INCURRED INJURY DUE TO MY NEGLIGENCE. I HAVE UNDERSTOOD THE INHERENT RISKS AND DISCOMFORT INVOLVED IN PERFORMING THE TESTS AND HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTION WHICH HAS TO BE ANSWERED TO MY SATISFACTION.

Participant's name: _____

Participant's signature:_____ Date:_____