

Informed Consent for a Cardiorespiratory Fitness Test

1. Purpose and Explanation of the Test

Your resting metabolic rate (RMR) is the number of calories you burn while you are resting and not exerting yourself in any way. Because RMR typically accounts for 60 to 70 percent of a person's total daily energy expenditure, knowing your RMR can be useful when formulating an individualized nutrition and weight management plan. Before your RMR test, you must not participate in any strenuous exercise for 24 hours and must fast overnight for about 12 hours. The test is typically done in the morning. You will lie quietly at rest in a dimly lit room for about 30 minutes. A breathing mask will be placed over your mouth and nose and you will breathe in room air as normal. Tubes from the breathing mask are connected to a computerized device that analyzes the air you exhale.

2. Attendant Risks and Discomforts

Rarely, people feel claustrophobic and cannot tolerate wearing the breathing mask. To the best of our knowledge there are no known health risks associated with an RMR evaluation. However, it is conceivable that you could acquire an infection by breathing through a breathing mask that is not clean. To minimize the possibility of this extremely remote risk, you will be provided with your own breathing mask that you should keep for future tests. There may be risks associated with making the dietary changes outlined in your report including, but not limited to, an increased risk for gallstones and, for persons with certain chronic illnesses, a worsening of your medical condition.

3. Responsibilities of the Participant

The results of your RMR test may not be accurate if you did not follow the instructions for preparing for the test. The accuracy of your results can also be affected by certain medications, medical conditions, acute infections and, for females, pregnancy, breast feeding and menstruation. You should notify the testing staff if you feel that any of these conditions apply to you. During the test you should try not to fall asleep, but should be comfortable and as relaxed as possible. You should try to lie as still as possible in one position while breathing normally throughout the test. You should immediately report any unusual feelings that are of concern to the test staff.

4. Benefits to be Expected

Your RMR test results will be used to help formulate an individualized nutrition plan for you. A great deal is known about the topic of RMR and its role in nutrition and weight management. However, much remains to be learned. You will be provided with recommendations based on our interpretation of the existing knowledge at this time. If your doctor or registered dietitian has provided you with nutrition and/or physical activity guidelines different than what is provided in the report you receive after your RMR test, discuss the report with your doctor or registered dietitian before implementing our recommendations.

5. Inquiries

Any questions about the procedures used in the RMR test or the results of your test are encouraged. If you have any concerns or questions, please ask us for further explanations.

6. Use of Test Results

The information that is obtained during RMR 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.

7. Freedom of Consent

I hereby consent to voluntarily engage in a fitness test to determine my resting metabolic rate. I acknowledge that I have either been given my physician's permission to perform this resting metabolic rate test or that I have decided to perform this resting metabolic rate test without the approval of my physician. My permission to perform this 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 I understand the test procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in

this test. I do hereby waive, release and forever discharge Patrick McCrann, Performance Training Systems, LLC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities recommended or supervised by Patrick McCrann. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act of omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Patrick McCrann, Performance Training Systems.

Date	Signature of Client	Printed Name
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Date	Signature of Fitness Professional	Printed Name
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