

Informed Consent for a Cardiorespiratory Fitness Test

1. Purpose and Explanation of the Test

You will perform a fitness test on a cycle ergometer or a motor-driven treadmill. The exercise intensity will begin at a low level and may be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or changes in your heart rate, electrocardiogram (ECG) if recorded, or blood pressure, or symptoms you may experience. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

2. Attendant Risks and Discomforts

There exists the possibility of certain changes occurring during the test. These include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Emergency protocols have been established to deal with unusual situations that may arise.

3. 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 fitness test. Your prompt reporting of these and any other unusual feelings with effort during the test itself is of great importance. You are responsible for fully disclosing your medical history, as well as 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 today, to the testing staff.

4. Benefits to be Expected

The results obtained from the fitness test may assist in evaluating your cardiorespiratory fitness and formulating an individualized exercise program for you.

5. Inquiries

Any questions about the procedures used in the 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 fitness 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 cardiorespiratory fitness. I acknowledge that I have either been given my physician's permission to perform this cardiorespiratory fitness test or that I have decided to perform this cardiorespiratory fitness 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
_____	_____	_____
Date	Signature of Fitness Professional	Printed Name