

OA/UNE Human Performance Lab

Informed Consent for Physical Fitness Tests

You have chosen to do exercise tests that involve maximal physical exertion. By signing this form you acknowledge that you are fit, free from disease and voluntarily undertake the assessment. You may stop the test at any time.

1. Explanation of Exercise Testing

You will perform an exercise test on a motor-driven treadmill or electronic cycle ergometer. The exercise intensity will begin at a level you can easily accomplish and will be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or you may stop when you wish because of personal feelings of fatigue or discomfort.

2. Risks and Discomforts

There exists the possibility of certain changes occurring during testing. These include abnormal blood pressure, fainting, disorder of heartbeat, and in rare instances, heart attack, stroke, or death.

3. Responsibilities of the Participant

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise test. Your prompt reporting of feelings of effort during the exercise test itself is of great importance. You are responsible to fully disclose such information before, during and after the testing. You are free to stop the testing or withdraw at any time.

4. Benefits Expected

The results obtained from the exercise test may assist in the classification of your fitness, future program design, training intensities and other information related to competitive running or cycling.

5. Inquiries

Any questions about the procedures used in the exercise test or in the estimation of functional capacity are encouraged. If you have any doubts or questions, please ask us for further explanations.

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6. Freedom of Consent

Your permission to perform this exercise test is voluntary. You are free to deny consent or stop the test at any point. If you deny consent we can not perform the test!

- I have volunteered for this test and acknowledge that I am in good health.
- I acknowledge that OA Centers for Orthopaedics, University of New England, any of their employees or Dr. D. Scott Marr are not responsible for any injuries I may incur during this test.
- I acknowledge that Centers for Orthopaedics and University of New England do not pay for any medical care from injuries that may result from this testing.
- I understand that I have requested a test requiring physical exertion and understand the risks and discomforts associated with such a test.
- I acknowledge full understanding of the testing and that all my questions have been answered satisfactorily.

I consent to testing and agree to assume all risks of the fitness tests. I hereby release and hold harmless OA Centers for Orthopaedics, University of New England, any of their employees or Dr. D. Scott Marr, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in these fitness tests. I have read this form and I fully understand all its contents.

Name: _____

Date: _____

Signature: _____

Parent/Guardian Signature (if under age 18): _____