

INFORMED CONSENT: BODY COMPOSITION

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I, the undersigned, do hereby acknowledge:

- My consent to perform a body composition assessment consisting of height, weight, girth measurements, skinfold caliper measurements.
- My consent to the tests conducted by a trained appraiser. I understand that percent body fat will be determined by skinfold caliper measurements.
- My understanding that there are potential risks (i.e. episodes of transient lightheadedness or possibly loss of consciousness), and I assume willfully these risks.
- My obligation to immediately inform the Fitness Professional of any abnormal symptom that I may suffer during and immediately after the testing.
- My understanding that I may stop or delay any testing if I so desire and that the testing may be terminated by the Fitness Professional upon observation of any symptoms of undue distress or abnormal response.
- My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during and after the testing;
- I have read, understood, and completed the medical screening questionnaire(PAR-Q) and obtained medical clearance if necessary;
- I hereby release Recreation Services, University of Manitoba, its agents, officers, and employees from any liability with respect to any damage or injury (including death) that I may suffer during the administration of the appraisal except where damage or injury is caused by the negligence of Recreation Services, University of Manitoba, its agents, officers and employees acting within the scope of their duties.

Printed Name of Client

Signature of Client (Parent/guardian if under 18)

Date

Witness

Date

NOTE: This form must be witnessed at the time of signing and the witness must be 18 years or older.