



INFORMED CONSENT: FUNCTIONAL MOVEMENT ANALYSIS

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I, the undersigned, do hereby acknowledge:

- My consent to undergo a functional movement analysis designed to evaluate body alignment, muscle imbalance, movement deficiencies, limitations or asymmetries through a series of seven movement tests that require mobility and stability.
- The functional movement analysis may include:
 - o Deep Squat, Hurdle Step, In-Line Lunge, Shoulder Mobility, Active Straight Leg Raise, Trunk Stability Push-Up, and Rotary Stability.
- The assessment will be administered by a trained and certified fitness professional.
- I understand that the interpretation of results is limited to providing recommendations to help correct deficiencies or imbalances as well as information on various aspects of health related fitness.
- I understand that I will be provided with advice about physical activity, sedentary behaviour, and other healthy lifestyle topics.
- I understand that there are small but potential risks during physical activity (i.e. episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, nausea, or in very rare instances, heart attack) and that I assume willfully these risks.
- My obligation to immediately inform the fitness professional of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the assessment.
- My understanding that I may stop or delay any further testing if I so desires and that the assessment may be terminated by the Fitness Professional upon observation of any symptoms of undue distress or abnormal response.
- I understand that I may ask any questions or request further explanation of information about the procedures at any time before, during and after the assessment.
- 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 my dependent may suffer during the administration of the fitness appraisal except where damage or injury is caused by the negligence of Recreation Services, University of Manitoba, or 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.