



INFORMED CONSENT: GETTING STARTED PACKAGE

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I, the undersigned, do hereby acknowledge:

- My consent to undergo an assessment of my physical activity, sedentary behaviour, lifestyle and fitness. The assessment will be administered by a CSEP Certified Personal Trainer® or CSEP Certified Exercise Physiologist® and may include:
  - o Answering questions concerning my physical activity, sedentary behaviour and other lifestyle factors such as smoking and nutrition
  - o Measures of my heart rate, blood pressure, height, weight and waist circumference
  - o A sub-maximal aerobic fitness test that involves stepping, walking or cycling for a defined period of time to measure my heart rate response and determine my aerobic fitness
  - o A series of musculoskeletal fitness tests that may include Grip Strength, Push-ups, Sit and Reach, Vertical Jump, Back Extension, One Leg Stance.\
- I understand the assessment results will be used to determine the type and amount of physical activity most appropriate for my interests, goals, current physical activity and sedentary behaviour and fitness level.
- I understand that the interpretation of results is limited to providing a comparison with Canadian norms 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 such as nutrition.
- I understand that I may participate in a follow-up supervised training session based on the findings of the assessment, consisting of one or more of the following components: cardiovascular aerobic exercise; muscular strength, endurance and power; flexibility and balance.
- 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 or training session.
- My understanding that I may stop or delay any further testing if I so desire 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 or information about the procedures at any time before, during and after the assessment or training session.
- 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.