

INFORMED CONSENT: PEAK PERFORMANCE 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 Exercise Physiologist® and may include:
 - o Answering questions concerning my physical activity, sedentary behaviour and other lifestyle factors such a smoking and nutrition.
 - o Measures of my heart rate, blood pressure, height, weight, waist circumference, skinfolds and girth measurements.
 - o A graded treadmill or bicycle test to exhaustion in order to determine my maximal oxygen uptake OR an anaerobic treadmill or bike test to exhaustion in order to determine my maximal anaerobic power.
 - o A series of musculoskeletal fitness tests to assess muscular endurance, strength and/or power, range of motion and balance.
 - o Functional Movement Analysis (includes Deep Squat, Hurdle Step, In-Line Lunge, Shoulder Mobility, Active Straight Leg Raise, Trunk Stability Push-Up, and Rotary Stability).
- If I am over the age of 40, medical clearance by a physician is required before I am permitted to perform the maximal aerobic test;
- My consent to the use of a heart rate monitor or electrocardiograph provided it is used only for the measurement of heart rate and will not be used to determine the presence or absence of heart disease;
- 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 sessions.
- 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 sessions.
- 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 and information on training principles.
- 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 an 8 week follow-up supervised training plan based on the findings of the assessment and designed by trained and certified fitness professionals, consisting of one or more of the following components: cardiovascular aerobic or anaerobic exercise; muscular strength, endurance and power; flexibility and balance.

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- 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.