Informed Consent form for Exercise Participation

I desire to engage voluntarily in the UWEC Community Fitness Program. I have answered the health history questionnaire to the best of my ability.

Exercise assessments will take place at the start and end of the exercise program. Exercise tests such as submaximal aerobic endurance, strength, core endurance, flexibility, body composition, balance and others will test my overall fitness and functional capabilities. Every effort will be taken to ensure that these activities will be conducted and administered in an appropriate and safe manner and that you are screened properly prior to testing. However, adverse events during testing could occur but the risk is minimal if all guidelines are followed. These adverse events could range from soreness to minor muscle strains, cramping or bruising up to abnormal changes in blood pressure and heart and, in very rare instances, abnormal cardiovascular events such as fainting, heart attack or stroke.

For the exercise program, the activities that I will be given are designed to place a gradually increasing workload on the cardiovascular and musculoskeletal system and thereby to improve their function. I understand that the reaction of the body to such activities cannot be predicted with complete accuracy. There is a risk of abnormal cardiovascular changes occurring during or following exercise. These changes may include abnormalities of blood pressure or heart rate, ineffective heart function, dizziness or fainting, and in rare instances stroke, heart attack, or even death.

I declare that I intend to use some or all of the facilities, equipment, activities, and services offered by the UWEC Community Fitness Program I understand that part of the risk involved in any activity or program is relative to my own state of fitness and health and is related to the awareness, care, and skill with which I conduct myself in the program. I assume full responsibility for my choices to use or apply, at my own risk, any portion of the information or instruction that I receive.

Before starting the program, I should be aware of abnormal signs and symptoms (e.g. chest pain, extreme fatigue, shortness of breath, muscle pain or cramping, light headedness) which alert me to stop exercising. I understand that it is my responsibility to promptly notify the staff if I experience any of these problems.

I agree to learn, monitor, and record, as instructed by the staff, my heart rate and my rating of perceived exertion before, during, and after each session. If desired, I am free to ask for my blood pressure to be checked during these times as well.

I understand that it is my responsibility to report to the staff any changes in medication.

I agree not to leave the exercise area without a cool-down period during which my heart rate returns close to the pre-exercise rate.

I have read this form and understand it. I give my consent freely to engage in an exercise program designed to improve my fitness, health and functional capacity. Any questions that have arisen have been answered to my satisfaction.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_