

INFORMED CONSENT FORM

The purpose of the fitness assessment is to provide individualised exercise programmes, offering greater safety and benefit to you.

The tests are sub-maximal, but you will exercise at a moderately high level for a short period of time, and may become hot and breathe more quickly than normal.

In participating in these activities, you may be at risk of injury and even the possibility of death.

A test of the efficiency of your heart, lungs and circulation may be performed on a cycle ergometer, a stepping box or as a fast walk or run.

Tests of strength, flexibility and power may also be included in the test battery. An estimate of your body composition will be made, determined either by using callipers to measure skinfold thickness or by electrical impedance.

All tests will be explained to you prior to commencement. You will have the opportunity to ask any questions about the test and are free to withdraw at any time. All information will be kept confidential.

All of the tests are performed in such a way as to minimise any risk or injury. Please inform the Instructor of any reason why you should not participate in exercise, such as illness or any injury which could be aggravated by exercise. If at any time you feel undue pain or discomfort, stop the test and inform the Instructor of your symptoms.

The physical appraisal tests and measures have been explained to me, and I am willing to take part. I understand that I can withdraw at any time.

I confirm that I have taken medical advice and my doctor has agreed that I should exercise.

Client name:

Client signature:

Instructor name:

Instructor signature:

Date:
