



SPORT AND HEALTH
ASSESSMENT CENTRE

INFORMED CONSENT FOR FITNESS TESTING

I, _____ (please print your name) agree to participate in the following fitness/exercise tests I agree to participate in this testing to the best of my ability. I understand that I may discontinue any test procedure at my own free will if I experience unusual discomfort. I also understand that the staff conducting the test will discontinue any procedures if any indications of abnormal responses become apparent. I understand that prior to performing any test listed below I will have the opportunity to question and discuss the exact procedures to be followed.

Physiological assessments include some or all of the following:

1. Anthropometry - measurement of height, weight, girths and skinfolds at various sites on the body depending on the method used, bioelectrical impedance and/or underwater weighing procedures for determining body composition.
2. Anaerobic power will be measured with a Wingate anaerobic power test, or a sprint test.
3. Muscular power will be measured with a vertical jump test or long jump test.
4. Flexibility will be measured as the range of motion about a joint or series of joints (e.g. sit and reach, hip flexion/extension, trunk rotation).
5. Muscular strength and endurance will be measured using a handgrip dynamometer, isokinetic dynamometer or during weight lifting or with callisthenic type exercises (push-ups).
6. Combined anaerobic threshold and maximal oxygen consumption will be measured with a graded exercise test to volitional exhaustion on a treadmill, cycle ergometer or some other exercise machine. It may also be measured by such tests as the Leger shuttle run, 12 minute run or by a submaximal treadmill or bike test.
7. Resting Metabolic test.

Risks

The exercise tests will require maximal physical and mental effort. The effort required will be similar or greater than that during sport performance. The finger tip blood sample procedure will be conducted under sterile conditions and presents little risk of infection.

Consent

I acknowledge that I have read this form and I understand the test procedures to be performed and the inherent risks and benefits involved. I consent to participate understanding that I may withdraw from the testing procedures at any time. I may expect a copy of this consent form on request and report of my personal results. I also understand that I may make any enquiries concerning any procedure that I do not completely understand. If the individual is less than 18 years of age, a parent or leg guardian must sign.

Name: _____ Signature: _____ Date: _____

Address: _____ Postal Code: _____

Phone: _____ E-mail: _____ Age: _____

If the participant is less than 18 years of age a parent must read and understand the above information and certify it to be true and correct by signing below.

I consent to have _____ (name of participant) to participate in all procedures described.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

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SPORT AND HEALTH
ASSESSMENT CENTRE

WAIVER OF LIABILITY AGREEMENT

DISCLAIMER:

The University of Alberta Sport & Health Assessment Centre, its directors, officers, employees, instructors, volunteers, agents or representatives ("the University") are not responsible for any death, injury, loss or damage of any kind suffered by any person while using the University of Alberta Sport & Health Assessment Centre equipment, space, fitness testing and/or training programs, caused in any manner whatsoever including, but not limited to, the negligence of the University of Alberta.

DESCRIPTION OF RISKS:

In consideration of being permitted to use, be fitness tested, or trained by the University of Alberta Sport & Health Assessment Centre and associated space and equipment as well as programs, including pre and post-program fitness test evaluations, I hereby acknowledge that I am aware of the risks associated with or related to athletic training and fitness testing and to my use of the equipment, space and training programs (INCLUDING THE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS), which include but are not limited to:

- Injury or illness due to symptoms such as abnormal blood pressure, fainting, light headedness, muscle cramps or strain, nausea, heart rhythm disturbances or heart attack;
- All manner of injury resulting from a fall and hitting the treadmill surface or other equipment, other people or the cupboards, sinks, floor or other physical structure;
- Injuries resulting from failure of lanyards, cables, belts or supporting hardware to any equipment;
- Injuries resulting from being hit by falling people;
- Cuts and abrasions from skin contact with treadmill surfaces or any equipment.

RELEASE OF LIABILITY:

In consideration of the University of Alberta allowing me to use the Sport & Health Assessment Centre equipment or training programs as well as being involved in any fitness testing procedures, I agree:

- To assume all risks arising out of, associated with or related to my use of the equipment, programs or any fitness testing procedures, even though such risks may have been caused by the negligence of the University of Alberta.
- To be solely responsible for any injury, loss or damage which I might sustain while using the equipment, programs or fitness testing, even though such injury, loss or damage may be caused by the negligence of the University of Alberta.
- To release the University of Alberta from liability for any and all claims, demands actions and costs which may arise out of my use of the equipment, programs or fitness testing, even though such claims, demands, actions and costs may be caused by the negligence of the University of Alberta.

ACKNOWLEDGEMENT:

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators, coaches, consultants, trainers, therapists and representatives. Signed this _____ day of _____, 20_____, at Edmonton Alberta.

Faculty of Kinesiology, Sport, and Recreation