

NORTHWESTERN UNIVERSITY
FITNESS AND RECREATION

INFORMED CONSENT

(Expressed assumption of risk for participation in exercise testing of apparently healthy adults)

I, _____ do hereby consent to voluntarily engage in Northwestern University's health and fitness assessment services. I understand that a physician approval is required prior to participating in such services. I understand that I will undergo an examination with the NU fitness staff, which will consist of, but is not limited to, a medical history, resting heart rate, blood pressure, blood lipid analysis, skinfold fat measurements and strength/endurance and flexibility tests. Furthermore, a low level graded exercise test will be performed to evaluate and estimate the functional performances and capacity of the heart, lungs and blood vessels and to assist in the development of a personalized physical fitness program. I understand that heart rate and blood pressure will be monitored throughout the test. Furthermore, during the test, the amount of effort will be increased gradually to a predetermined submaximal level, or until any symptoms of severity that the examining team considers significant to terminate the test, are reached.

I understand and have been informed that there are some risks associated with low level exercise testing. There does exist the possibility of adverse changes during the test such as occasional disorders of heart rhythm, abnormal blood pressure response, rare instances of heart attack, as well as death. With the assistance of professional supervision, preliminary assessments, precautions and observations taken during the test, all efforts will be made to recognize and minimize these occurrences.

I understand the benefits of testing include the measurement of physical working capacity and appraisal of disorders or disease that might impair capacity and/or participation in an exercise program. The results of the test are not construed as diagnostic but can be used for the purpose of developing an individualized exercise program, evaluating the progress of an existing exercise program and/or making appropriate recommendations for health and fitness. I understand that the information obtained during the laboratory evaluations is considered privileged and confidential and will not be released or revealed to any non-medical person without my consent. The information, however, may be used for a statistical or scientific purpose, with my identity being deleted.

An individualized exercise program, based on the results of the tests, will be made available. The program will be designed to place a gradual increase in exercise intensity with the intent of improving cardiorespiratory function and muscular strength/endurance and flexibility. Basic nutrition/dietary recommendations will also be provided, based on my computerized nutritional analysis. My involvement commits me to adhering to the regulated exercise planned for me, as well as the suggested program/lifestyle habits of healthy eating.

I have read this document in its entirety, and I have a complete understanding of the risks and benefits of the program. Any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge release and hold harmless Northwestern University, its trustees, officers, agents and employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation.

Participant's signature

Date

Staff's signature

Date

_____ has medical approval to participate in Northwestern University's health and fitness assessment services; consisting of a series of fitness tests designed (but not limited to) to assess the following areas: cardiorespiratory endurance, muscular strength/endurance, flexibility, body composition and blood lipid chemistry. Under the guidance of the American College of Sports Medicine (ACSM) for Graded Exercise Testing and Exercise Prescription guidelines, I understand that the results obtained from the fitness evaluation are non-diagnostic in nature and are used primarily for the purpose of developing an individualized exercise program.

Ms/Mr _____ is under my _____ care and there are no limitations to her/his participation in this program.

Ms/Mr _____ is under my _____ care and there are limitations to her participation in this program (described below)

Ms/Mr _____ is under my _____ care and due to her/his limitations cannot participate in this program or service.

Physician's name (printed) _____
Physician's signature _____ Date _____
Address _____

Phone # _____
e-mail _____