

INFORMATION AND CONSENT FORM

UW FITNESS APPLIED HEALTH SCIENCES RESEARCH UNITS UNIVERSITY OF WATERLOO

TITLE OF PROJECT: UW Fitness

FACULTY SUPERVISOR: Dr. Michael Sharratt 888-4567 Ext.33150

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GENERAL OUTLINE OF SERVICE

UW Fitness is part of the Applied Health Sciences Research Unit at the University of Waterloo. UW Fitness provides comprehensive fitness assessments and exercise management for individuals of the community. Each participant will complete an information sheet to determine relevant medical and physical activity history as well as their fitness goals. Based on this information, an exercise program will be designed and implemented with each individual. The exercise training sessions will be conducted at UW Fitness and are scheduled twice per week (two one-hour training sessions) for a specified time frame.

PROCEDURES, BENEFITS AND RISKS

I, the undersigned, do hereby acknowledge:

- My consent to perform an exercise training session consisting of a warm-up, cardiovascular training, muscular strength and endurance, flexibility, and a cool-down.
- My consent to have my heart rate monitored through-out the training session using a heart rate monitor and to have my blood pressure measured periodically using a stethoscope and sphygmomanometer
- My consent to have the exercise session conducted by an appraiser who is a Certified Fitness Consultant (CFC) or a Certified Exercise Physiologist (CEP).
- My understanding that there are potential risks; i.e. possible episodes of transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea, and that I understand those risks described;
- My obligation is to immediately inform the appraiser of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after the testing;
- My understanding that I may stop or delay any further exercise if I so desire and that the exercise may be terminated by the trainer upon observation of any symptoms of distress or abnormal response;
- My understanding that I may ask any questions or request further explanation or

information about the training sessions at any time before, during, and after the exercise session;

- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR - Q & YOU) and the answers to all the questions were negative **or** for any positive answers, I have been cleared by a Certified Exercise Physiologist or if needed, received clearance with the PARmed-X by my physician;

With full knowledge of all foregoing I agree, of my own free will, to participate in this exercise class.

Name

Signature

Dated at Waterloo, Ontario

Witness