



## Consent Form/Waiver

I hereby voluntarily give consent to engage in a fitness test. I understand that the cardiovascular fitness test will involve progressive stages of increasing effort and that at any time I may terminate the test for any reason. I understand that during some tests I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason.

I understand there are certain changes which may occur during the exercise test. They include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing.

I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless - \_\_\_\_\_, and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

<u>Name</u>	<u>Date</u>
<u>Witness</u>	<u>Date</u>