Informed Consent for Participation in The College at Brockport – Exercise Science Employee Fitness Program

Name ____________________________________________

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of exercise assessment and conditioning. I also give consent to be placed in program activities that are recommended to me for improvement of my general health and well being. The levels of exercise I will perform will be based upon my cardiorespiratory (heart and lungs) fitness as determined through my recent laboratory submaximal graded exercise evaluation (walking on treadmill or cycling to a certain heart rate), risk factor appraisal based on a variety of health and fitness assessments (blood cholesterol analysis, muscular strength and endurance assessments, flexibility, and anthropometric assessments) and review of past and present health history. I will be given exact instructions regarding the amount and kind of exercise I should do based on the fitness evaluation and health history review. I agree to participate in the program at least 2 times per week. Students trained in the Exercise Science Major (formally Exercise Physiology Major) will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during exercise to regulate my exercise within desired limits. I understand that I am expected to attend the program and to follow staff instructions with regard to exercise. If I am taking prescribed medications, I have already informed the program staff and further agree to inform them promptly of any changes my doctor or I make with regard to use of these.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop.

I understand that, while I exercise, a trained observer will periodically monitor my performance and perhaps measure my pulse and blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the observer may reduce or stop my exercise program when any of these findings indicate that this should be done for my safety and benefit.
I understand that while I engage in the exercise program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and bodily alignment. I expressly consent to the physical contact for these reasons.

2. RISKS

I understand and have been informed that there exists the remote possibility during exercise of adverse changes including abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack or even death. I have been told that every effort will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, by staff supervision during exercise, and by my own careful control of exercise efforts. I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that there is a risk of injury, heart attack, or even death as a result of my exercise, but knowing those risks, I desire to participate as herein indicated.

3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise program will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the programs instructions, I will likely improve my exercise capacity after a period of time.

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify me or provide facts that could lead to my identification. Any other information obtained, however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. FREEDOM OF CONSENT

I am 18 years of age and older and I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, I still desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me.
I consent to the rendition of all services and procedures as explained herein by all program personnel.

Date ______________________________

Participant’s Signature _______________________________________________________

Witness’ Signature ___________________________________________________________

Program Director’s Signature ___________________________________________________