

CONSENT FORM - ADULT

I, the undersigned, do hereby acknowledge:

- My consent to perform a health-related fitness appraisal consisting of the evaluation of:

Standing Height	Grip Strength (R/L)
Weight	Push-Ups (max #)
Waist Circumference	Sit and Reach
Skinfolds (5 sites)	Partial Curl-Ups
Modified Canadian Aerobic Fitness Test (mCAFT)	Vertical Jump/Leg Power
YMCA Cycle Ergometer Submaximal Protocol	Back Extension
Ebbeling Submaximal Treadmill Protocol	Submaximal Resistance Training Load Determination
Rockport (1 mile walk)	

- My consent to answer questions concerning my current levels of physical activity participation and my lifestyle;
- My understanding that my heart rate and blood pressure will be measured prior to and at the completion of the appraisal;
- My consent to the appraisal measures conducted by a CSEP Certified Personal Trainer who has been trained and certified to administer the Canadian Physical Activity, Fitness and Lifestyle Approach protocols;
- My understanding that the results from my health-related fitness appraisal will assist in determining the type and amount of physical activity most appropriate for my level of fitness;
- My consent to perform a supervised exercise training session (if desired) based on the findings of my fitness appraisal, consisting of a warm-up, cardiovascular training, musculoskeletal training, flexibility exercises and a cool-down;
- My consent to have my blood pressure and heart rate measured periodically during my supervised exercise training session(s);
- My understanding that there are potential risks during exercise (i.e., episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea), in rare instances heart rhythm disturbances or heart attacks, and that I assume willfully those risks;
- My obligation to immediately inform the CSEP Certified Personal Trainer of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the appraisal and/or exercise training session;
- My understanding that I may stop or delay any further exercise if I so desire and that the CSEP Certified Personal Trainer may terminate the exercise session upon observation of any symptoms of undue distress or abnormal response;
- My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after exercise;
- It is my understanding that all nutritional advice provided will be based on Canada’s Food Guide;
- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions and/or received clearance to participate in unrestricted physical activity/exercise from a physician.

This form must be completed, signed and submitted to the CSEP Certified Personal Trainer, along with the completed PAR-Q, at the time of the appraisal. The form must also be witnessed at the time of signing and the witness must be of the age of majority and independent of the organizations administering the appraisal.

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT

Printed Name of Client	Signature of Client	Date
Printed Name of Witness	Signature of Witness	Date