

Informed Consent for Exercise Testing

Purpose and Explanation of the Test

You will perform an exercise test on a cycle computrainer or a motor driven treadmill. The exercise intensity will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or changes in your heart rate, blood pressure, or symptoms you may experience. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

Attendant Risks and Discomforts

There exists the possibility of certain changes occurring during the test. These include abnormal blood pressure, fainting, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

Responsibilities of the Participant

Information you possess about your health status or previous experienced of heart-related symptoms (such as shortness of breath with low-level activity, pain, pressure, tightness, heaviness in the chest, neck, jaw, back, and/or arms) with physical effort may affect the safety of your exercise test. Prompt reporting if these and any other unusual feelings with effort during the exercise test itself is of great importance. You are responsible for fully disclosing your medical history, as well as symptoms that may occur during the test. You are also expected to report all medications (including non-prescription) taken recently and, in particular, those taken the day of testing, to the staff.

Benefits to be Expected

The results obtained from the exercise test will determine your maximal aerobic capacity by scientifically measuring the rate at which oxygen can be distributed and utilized by the body during physical activity. The exercise specialist will discuss your results and personalized heart rate training zones will be defined. RehabGYM employees are not medical doctors and are not qualified to diagnose a participant's illness or state of disease.

Inquiries

Any questions about the procedures used in the exercise test or the results of our test are encouraged. If you have any concerns or questions, please ask us for further explanations.

Use of Medical Records

The information that is obtained during testing will be treated as privileged and confidential. It will not be released or revealed to any person without your approval.

Eligibility

Only individuals determined to be "low risk" based on ACSM's risk stratification guidelines may perform maximal testing. Individuals determined to be "moderate risk" may only participate in sub-maximal testing.

Acknowledgement and Consent

I expressly acknowledge that the exercise test is done for informational purposes and not for the purpose of diagnosing or treating injuries or illnesses, and that the exercise test and any results does not in any way declare whether I am fit to utilize the RehabGYM. I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point, if I so desire.

I consent to the above, as indicated by my signature below:

Print Name

Signature

Date

Parent/Guardian Name (if under 18)

Signature

Date

Acknowledgement of Risk and Hold Harmless Agreement

I hereby acknowledge that I have voluntarily chosen to participate in the VO2 max and sub-max metabolic testing (exercise testing) through the RehabGYM.

I am aware that RehabGYM employees are not medical doctors and are not qualified to determine a participant's physical capability to engage in strenuous exercise.

The information given on the medical history questionnaire is correct to the best of my knowledge. I understand that absence of the physical problems listed on this form does not necessarily guarantee that I am in satisfactory health to participate in an exercise test.

Acknowledgement of Risk

I understand and acknowledge the risks involved in participating in exercise testing at the RehabGYM, including, but not limited to, the risks involved in utilizing equipment or participating in any exercise or fitness activity. I have been informed that these risks, though remote, include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. I have been assured that every effort will be made to minimize these occurrences by precautions taken during testing. I have also been informed that emergency equipment and trained personnel are available to deal with these unusual situations should they occur. I understand that the RehabGYM does not employ doctors or EMTs.

Assumption of Risk

I understand that I am responsible for researching and evaluating the risks that I may face and am responsible for my actions. I also understand that if I have any doubts of my physical or mental condition, I am responsible for discussing the activities and risks involved in the exercise test with my physician. Any activities that I may take part in, whether as a component of the exercise test or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved. I agree to expressly assume and accept any and all risks associated with the exercise test, including but not limited to, travel to/from the Center and limited availability of medical aid. By voluntarily participating in exercise testing with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks of property damage, bodily injury or death.

Release, Indemnification, and Hold Harmless

In consideration for being allowed to participate in the VO2 max and sub-- - max metabolic testing (exercise test) offered at the RehabGYM and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless the RehabGYM, its officers, employees, volunteers, agents and assigns from and against all claims arising out of or resulting from my participation in the exercise test, except for claims arising out of the sole negligence or willful misconduct of the RehabGYM, its officers, employees, volunteers, agents and assigns. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including resulting loss of use. In addition, I hereby voluntarily release, forever discharge and agree not to sue the RehabGYM, its officers, employees, volunteers, agents and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns. I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Vermont, or any other applicable laws, and that if any portion hereof is held invalid, I agree that the remainder shall, notwithstanding, continue in full legal force and effect.

I have read and fully understand this acknowledgement of risk and hold harmless agreement.

Print Name

Signature

Date

Parent/Guardian Name (if under 18)

Signature

Date