

INFORMED CONSENT

I, _____, hereby consent to engage voluntarily in assessment and/or training services from Froedtert & Medical College Sports Medicine Center. I understand that the testing and/or training will determine some or all of the following: VO_2 Peak, Anaerobic Threshold, Peak Testing Heart Rate, and Anaerobic Threshold Heart Rate, using cardiovascular equipment and fitness equipment, including a bike, or treadmill. I am being encouraged to seek medical clearance in order to perform the fitness test or training. I understand that during this test or training, intensity will gradually be increased until symptoms such as fatigue, shortness of breath, and discomfort may appear, indicating to me that I may need to stop. I understand that I am responsible for monitoring my own condition throughout the exercise test and will stop the test at any time I so desire. I understand that the reaction of my heart, lungs, and blood vessels to such test cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following the test which may include abnormalities of blood pressure or heart rate, ineffective function of the heart and in a rare instance, heart attack or death.

Before I undergo the fitness assessment or training, I hereby affirm that I am in good physical condition and do not suffer from any disability, which would prevent or limit my participation in this fitness assessment process. I further represent that I have completed the Health History form and have provided correct responses to the questions on this form. I recognize that my failure to provide accurate information could lead to possible unnecessary injury to myself.

In consideration of my participation in the fitness assessment or training, I agree to assume all risks. I further agree to take full responsibility for any damage caused to my personal property, including my bike and gear, as a result of testing, however caused. I further agree, for myself, my heirs and assigns, to hold harmless and release Froedtert & Medical College Sports Medicine Center, PEP, and its staff members, from any claims, demands, and causes of action arising from my participation. I fully understand that I may injure myself as a result of my participation and I, for myself, my heirs and assigns hereby release Froedtert Sports Medicine Center, PEP, and its staff members, from any liability now or in the future including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, injuries to the knee, lower back, foot and any other illness, soreness, or injury and personal property damage, however caused, occurring prior, during, or after any participation in the fitness assessment process.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand this form and the nature of the fitness assessment testing and training.

Participant Signature: _____

Printed Name: _____

Date: _____