INFORMED CONSENT AND RELEASE FORM FOR MAXIMAL AEROBIC POWER ASSESSMENT

I, the undersigned, do hereby acknowledge:

- my consent to perform a graded treadmill or bicycle test to exhaustion in order to determine my maximal oxygen uptake. I understand that the interpretation of results is limited to providing some comparisons where available and information on basic aerobic training principles;
- that if I am over the age of 40, medical clearance by a physician is required before I am permitted to perform the maximal aerobic test;
- my consent to have the test conducted by trained appraisers;
- my consent to the use of a heart rate monitor or electrocardiograph provided it is used only for the measurement of heart rate and will not be used to determine the presence or absence of heart disease;
- my understanding that there exists the possibility of certain changes occurring during and after the test including abnormal blood pressure, fainting, transient lightheadedness, leg cramps, nausea, and in rare instances, heart attack or heart rhythm disturbances, and that I assume willfully these risks;
- my obligation to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the test;
- my understanding that I may stop or delay any further testing if I so desire and that the testing may be terminated by the appraiser upon observation of any symptoms of 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 the test;
- that I have read, understood, and completed the medical screening questionnaire (PAR-Q) and obtained medical clearance if required;
- that I hereby release Recreation Services, University of Manitoba, its agents, officers and employees from any liability with respect to any damage or injury (including death) that I may suffer during the administration of the maximal aerobic test except where damage or injury is caused by the negligence of Recreation Services, University of Manitoba or its agents, officers and employees acting within the scope of their duties.

Signature (parent/guardian if under 18) __________________________ Date __________________________

Witness __________________________ Date __________________________

Name if under 18 __________________________

NOTE: This form must be witnessed at the time of signing and the witness must be 18 years or older.