**INFORMED CONSENT FOR EXERCISE TESTING**

**AND WAIVER AND RELEASE**

Department of Exercise and Nutrition Sciences

Weber State University

# Purpose of the Tests

In order to assess cardiovascular function, body composition, and other physical fitness components, you hereby voluntarily consent to engage in one or more of the following tests:

* Sub-maximal aerobic exercise test
* Maximal aerobic exercise test
* Spirometry test
* Body composition test
* Muscle strength test
* Metabolic test
* Blood lipid/glucose test

# The purpose of these tests is to provide you with a baseline assessment of your physical fitness and is not intended for medical diagnosis or treatment. If you have questions about the results of your physical fitness test or other medically related questions, we encourage you to consult with your primary healthcare provider.

# Explanation of the Tests

The sub-maximal aerobic exercise test is performed on a cycle ergometer or a track. The exercise intensity in either test is of moderate difficulty. We may stop the test at any time because of fatigue or changes in your heart rate, or blood pressure, or symptoms you may experience. You may stop the test at any time because of fatigue or discomfort.

The maximal aerobic exercise test is performed on either a cycle ergometer or treadmill. The exercise intensity is very difficult. During exercise testing, you will breathe in and out of a mouthpiece while having your nose plugged to allow our system to analyze your expired air and determine your peak oxygen consumption. We may stop the test at any time because of changes in your heart rate or blood pressure or because of other symptoms you may experience. You may stop the test at any time because of fatigue or discomfort.

A spirometry test is performed by breathing forcefully into a mouthpiece that is connected to an instrument that analyzes the quality of your breath. You may stop the test at any time because of fatigue or discomfort.

A body composition test can be performed with the BOD POD, skinfold calipers, 3D scanner, or the InBody BIA scanner. If a body composition test is done with the BOD POD, you must sit quietly in the BOD POD and breathe normally while the BOD POD takes 2 to 3 measurements of your body volume. If a body composition test is done with skinfold calipers, 3 sites on the same side of your body will be measured with skinfold calipers between two and three times to ensure accuracy. If body composition is done using the 3D scanner, you will stand still with arms lifted away from your body on a rotating platform while a computer takes multiple girth measurements. If a body composition test is done with the InBody BIA scanner, you will stand on a platform with bare feet and hold onto the instrument’s handles while the scanner passes a non-detectable electrical current through your body to calculate your percent body fat.

For the muscle strength test, a variety of techniques will be used to evaluate muscle strength depending on the muscle group to be evaluated. In general, you will be asked to exert maximal effort from that muscle group. For example, to evaluate handgrip strength, you will be asked to exert maximal effort to squeeze a handgrip dynamometer for approximately 2-3 seconds. In some cases, a computerized dynamometer will be set up and programmed to measure the strength of the muscle of interest (speeds may vary based upon your specific training).

Metabolic testing is used to assess resting metabolism. To assess resting metabolism, you will lay on a padded table with a hood over your head to collect and analyze the air that you breathe out.

Blood lipid profiles are conducted using a finger stick to get a drop of blood for the measurement of your blood lipid and glucose levels. We will use a small needle to prick your finger and squeeze blood into a small tube. You may be asked to arrive in a fasted state (up to 12 hours) to maintain the integrity of the test.

**Risks and Discomforts**

During sub-maximal and maximal aerobic exercise testing, certain changes may occur. These include abnormal blood pressure responses, fainting, irregular, fast or slow heart rhythms, and in rare instances, heart attack, cardiac or respiratory arrest, stroke, or sudden death. Reasonable efforts are made to minimize these occurrences. Emergency equipment and trained personnel are available to deal with these situations if they occur.

There is a possibility of becoming short of breath, dizzy, or lightheaded while performing the spirometry test.

There is very little risk associated with the body composition tests. There is a remote possibility of experiencing claustrophobia while in the BOD POD. The only discomfort associated with skinfold testing is a pinching feeling, which may lead to possible bruising at the measurement sites. There is a possibility of losing your balance while on the 3D scanner or InBody scanner.

There is a remote possibility of pulling a muscle or spraining a ligament during the muscle strength testing. In addition, you may experience muscle soreness 24 or 48 hours after the testing. These risks can be minimized by performing warm-up exercises prior to taking the tests. If muscle soreness occurs, appropriate stretching exercises to alleviate this soreness will be demonstrated.

There is little to no discomfort associated with testing resting metabolism.

The finger stick for blood lipid testing may result in slight bruising, infection, soreness at the sight of the finger stick, and/or a feeling of lightheadedness/fainting. These risks will be minimized by finger sticks being performed only by qualified laboratory personnel. Universal precautions (PPE) will be utilized to minimize any chance of infection. You will be in a sitting position during the finger stick to minimize any injury should you feel lightheaded. Also, pressure will be applied to the sight to minimize soreness.

# Responsibilities of the Participant

Information you possess about your health status or previous experiences 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. Your prompt reporting of 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 today, to the testing staff.

# Benefits to be Expected

These tests allow us to assess your physical working capacity and to appraise your physical fitness status. Records are kept strictly confidential unless you consent to release this information.

# Inquiries

Any questions about the procedures used in the physical fitness tests are encouraged. If you have any questions or need additional information, please ask us for further explanations. If you have questions about the results from physical fitness tests, we encourage you to consult with your primary healthcare provider.

# Freedom of Consent

Your permission to perform these physical fitness tests is strictly voluntary. You are free to stop the tests at any point, if you so desire.

**Waiver and Release**

In addition, in consideration for the right to participate in the above described Exercise Testing and Assessment I hereby agree to this Waiver And Release. I recognize that Fitness Testing and Assessment may have a risk of personal injury. This includes muscular or skeletal injury, difficulty breathing, abnormal blood pressure responses, fainting, abnormal heart rhythms or rates, and in rare instances heart attack. I hereby freely assume all risks which may be associated with or result from participating in Fitness Testing and Assessment including, but not limited to my participation. I hereby represent and confirm that I possess adequate health to participate in these activities.

I further agree to release the State of Utah, Weber State University (WSU), their officers, employees, agents, contractors and volunteers (“Releasees”) from any and all liability, claims, demands, actions, loss, claim, damage, injury, illness, or harm (“Claims”) to me of any kind or nature arising out of participation in the Activity including where Claims occur due to the negligence of Releases.

In addition, consent is expressly given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I AM 18 YEARS OF AGE OR OLDER, HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING INCLUDING THE WAIVER AND RELEASE, AND I SPECIFICALLY INTEND IT TO COVER MY PARTICIPATION IN THE ABOVE DESCRIBED EXERCISE TESTING.

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