

**INFORMED CONSENT
PHYSICAL FITNESS PROGRAM
CLEVELAND STATE UNIVERSITY'S
FITNESS FOR LIFE PROGRAM**

1. Explanation of the Submaximal Graded Exercise Test

You will perform a submaximal exercise test on either a motor-driven treadmill or stationary cycle. The purpose of this test is to estimate your aerobic physical fitness level. **The test is not designed for diagnostic purposes as might be a similar test conducted in a hospital setting.** The work will begin at a level you can easily handle and will be advanced in stages depending upon your past results, weight, age, and health and physical activity questionnaire. We may stop the test due to any indications you are not responding normally to the exercise. You can stop the test when you wish, because of feelings of fatigue or other discomfort such as difficult breathing, dizziness, nausea, or chest pain. Unless the test is stopped prematurely, the test will be terminated when you reach a predetermined percentage of your estimated maximum heart rate ($220 - \text{age} = \text{MHR}$) and perceived exertion level. This is a moderate level of exercise for most individuals.

2. Risks and Discomforts

There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, disorders of the heart rhythm, and rare instances of heart attack, stroke or death (1:20,000 exercise tests). Every effort will be made to minimize these risks through screening provided by the medical and physical activity questionnaire, and the medical evaluation you may have received from your personal physician. **Individuals with known or suspected heart disease will not be administered the graded exercise test.** No medical personnel will be available during testing, but personnel trained in CPR will be available to deal with emergency situations. Additionally, the CSU Police Department will be notified, who will call EMS. EMS should arrive within minutes and provide care and transport to the hospital.

3. Benefits to be Expected

The results obtained from the exercise test will assist in evaluating your aerobic physical fitness level and will assist in developing guidelines for your exercise program which will include the type of activities, frequency of participation, and the intensity and duration of exercise. Diagnosis of heart disease is not a likely outcome of this test.

4. Exercise Program

The exercise sessions will provide personalized activity levels based upon the laboratory evaluation. The exercise activities are primarily designed to start at low levels of intensity and gradually progress in duration and intensity in order to enhance the physical fitness of your cardio-respiratory system. The reaction of the cardiovascular system to such activities cannot always be predicted with complete accuracy. Therefore, there is a risk of abnormal blood pressure or pulse, and in rare instances heart attack, stroke or death occurring during or following exercise.

5. Use of Laboratory Data

The information which is obtained during the physical fitness evaluation will be treated as privileged and confidential and will not be released or revealed to any non-medical person outside of the Fitness for Life Program staff without your expressed written consent. The information, however, may be used for a statistical or scientific purpose with your right of privacy retained.

6. Inquiries

Any questions about the procedures used in the physical fitness evaluation are welcome. If you have any doubts or questions, please ask us for further explanations.

7. Freedom of Consent

Permission for you to perform this submaximal graded exercise test and physical fitness evaluation is voluntary. You are free to deny consent if you so desire. I have read this form and I understand the test procedures that I will perform and I consent to participate in this evaluation. I enter into these tests and exercise program willingly and may withdraw from the program at any time.

8. Waiver of liability

As consideration of my participation in the Cleveland State University's "Fitness for Life Program", I hereby for myself, my heirs, executors and administrators waive, release and forever discharge the Fitness for Life Program, Cleveland State University and its trustees, employees, officers and agents, including but not limited to participating personnel and students, from all liabilities, claims, actions and causes of action arising out of or in connection with my participation in the Fitness for Life Program and/or the graded exercise testing, including, but not limited to any liability, claim, action or cause of action which arises from bodily injury, illness or death to myself or others and including, but not limited to, damages and/or injuries caused in whole or in part by the negligence of Cleveland State University and/or its trustees, employees, officers and agents. I hereby acknowledge that Cleveland State University, its trustees, employees, officers and agents assume no responsibility for any bodily injury, loss, illness or accident which may arise out of my participation in the Fitness For Life Program and/or the graded exercise testing. I also hereby acknowledge and agree that any illness or injury arising out of my participation in the Fitness For Life Program will not be covered by Workers' Compensation.

I attest and verify that I have no known health problems that could prevent me from successfully participating in the Fitness For Life Program and the graded exercise test.

Print Participant's Name

Participant's Signature

Witness

Date