



Release of Liability and Assumption of Risk **for Aerobic Capacity Testing**

The purpose of the aerobic capacity test is to determine your VO₂ max either through a direct measure (maximal test) or through a predicted measure (sub-maximal test) on the Max II metabolic cart (manufactured by Physio-Dyne). You will work on a motor-driven treadmill starting at a low level of intensity and progressing to more advanced stages depending on your level of fitness. We may stop the test at any time due to changes in heart rate or any signs of fatigue. You may also stop the test at any time due to feelings of fatigue or discomfort.

Any questions that may arise at any time with regards to this test and its results are encouraged. If you have any concerns or questions, please ask for further explanations.

All information that is gathered during the course of the test will be kept confidential following the guidelines set forth by HIPPA.

Some of the possible changes that can occur during the aerobic capacity test including, but not limited to; abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances heart attack, stroke, or death. Every attempt will be made to ensure your safety and well-being both prior to and during the test through a medical evaluation and physician clearance prior to testing and close monitoring during testing. Emergency equipment is on site and trained personnel are available at all times of testing in case any situation should arise.

I have completely disclosed all of my medical/health conditions on the Medical History form to the best of my ability and in all honesty and have been cleared by my physician to participate in a test of my aerobic capacity.

I understand the test protocol as explained by the Training Center staff. I have read the description of and the possible changes resulting from the aerobic capacity test, and I have taken the opportunity to discuss with Training Center staff any concerns I might have regarding the test and its possible consequences. I now voluntarily consent to engage in either a sub-maximal or maximal test of my aerobic capacity through the use of the Max II metabolic cart (manufactured by Physio-Dyne). I hereby release Fresno Community Hospital and Medical Center doing business as Community SPORT Center from all liability, and I assume the risk of undergoing the aerobic capacity test.

I have read this form, and I understand the test procedures that I will perform and the risks involved with the test. Knowing these risks and having the opportunity to ask questions that have been answered to my satisfaction; I hereby consent to participate in this test.

Participant Signature

Date

Print Name

January 2005