

**SEVEN Fitness Challenge - CONSENT FORM - Adult (over 18 years of age)**

I, the undersigned, do hereby acknowledge:

1. My consent to perform a health-related fitness assessment consisting of the evaluation of:
  - Heart Rate
  - Standing Height
  - Weight
  - Queen's College 3-minute Step Test
  - V-Sit and Reach Test
  - Partial Curl-Ups (max #)
  - Right Angle Push-Ups (max #)
  - 90 degree Wall Sit (max time)
2. My consent to answer questions concerning my current levels of physical activity participation and lifestyle behaviours;
3. My understanding that my heart rate will be measured prior to and at the completion of the step test portion of the assessment for the purpose of health screening and to monitor recovery after aerobic exercise;
4. It is also my understanding that the results from the health-related fitness assessment will assist in establishing an initial level of fitness and a post-program level of fitness;
5. My understanding that there are potential risks during exercise (i.e., episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea), in rare instances heart rhythm disturbances or heart attacks, and that I assume willfully those risks;
6. My obligation to immediately inform the assessment conductor of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the assessment;
7. My understanding that I may stop or delay any further exercise if I so desire and that the assessment conductor may terminate the assessment session upon observation of any symptoms of undue distress or abnormal response at any point in time;
8. My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after assessment;
9. That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions or received clearance to participate in unrestricted physical activity/exercise from my physician to participate in this assessment.

This form must be completed, signed and submitted to the assessment conductor, along with the completed PAR-Q, at the time of the assessment. The form must also be witnessed at the time of signing and the witness must be of the age of majority and independent of the organizations administering the assessment.

**I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date