SEVEN Fitness Challenge - CONSENT FORM - YOUTH (under 18 years of age)

I, the undersigned, do hereby acknowledge:

1. My consent for my dependent 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 for my dependent to answer questions concerning his/her current levels of physical activity participation and lifestyle behaviours;
3. My understanding that the heart rate of my dependent 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, on behalf of my dependent, assume willfully those risks;
6. My obligation of my dependent to immediately inform the assessment conductor of any pain, discomfort, fatigue, or any other symptoms that he/she may suffer during and immediately after the assessment;
7. My understanding that my dependent may stop or delay any further exercise if he/she so desires 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 and my dependent 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 regarding my dependent or received clearance to participate in unrestricted physical activity/exercise from my physician for my dependent 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 Dependent	Signature of Parent/Guardian	Date
_____	_____	_____
Printed Name of Witness	Signature of Witness	Date