INFORMED CONSENT FOR PARTICIPATION

1) OBJECTIVE OF THE FITNESS ASSESSMENT

In order to permit the Lifetime Wellness & Fitness staff of the Auburn University Campus Recreation Department to design an exercise program appropriate for my current level of fitness, I hereby consent, voluntarily, to a fitness assessment. I understand that the tests that will be administered to me are for the purpose of determining my physical fitness status, and may include the measurement of my body composition, cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and static and dynamic posture. We now have the MicroFit HealthWizard Suite! MicroFit is the latest technology in fitness and wellness assessment software. This comprehensive program can identify our clients’ health risks, assess fitness status, identify appropriate health improvement programs and track all outcomes. With all fitness assessments, clients will receive a print out to keep as a record.

2) EXPLANATION OF THE ASSESSMENT

Body Composition Assessment
Based on your specific goals, you may perform one or more of the following tests to determine your body composition. One method involves the use of Bioelectrical Impedance Analysis to determine your percentage of body fat. Skinfolds may also be taken to determine your percentage of body fat based on a 7-site test. Circumference measurements will also be used for some participants. These measurements are used to determine the girth of body segments.

Cardiorespiratory Endurance Assessment
You will perform a sub-maximal treadmill test on a motorized treadmill. The exercise intensity will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or when you have reached 85% of your predicted maximum heart rate. It is important that you realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

Muscular Strength and Endurance Assessment
Based on your specific goals, you may perform one or more of the following tests to determine your muscular strength and/or endurance. There are three tests that assess muscular endurance which include the push-up, sit-up and curl-up tests. The push-up and sit-up tests are maximum repetition assessments based on a one-minute time limit. The curl-up test is a 20 repetitions per minute test based on a metronome cadence. The right and left hand grip strength test will be used to measure muscular strength. The vertical jump test will be used to assess lower body muscular strength and power.

Flexibility Assessment
You will perform a sit and reach test to assess the flexibility of your hamstring and lower back muscles.

Static and Postural Assessments
As part of the assessment you will perform two tests to assess your static and dynamic posture. Static posture will be assessed through the use of a plumb line and/or AlignaBOD. We will observe your body position from three views: anterior, lateral and posterior. For dynamic posture, you will perform a Functional Movement Screen that consists of seven movement patterns to determine muscle imbalances, asymmetries and compensations.

Nutrition Assessment
You will submit a 3-day dietary recall for analysis. A Registered Dietician and dietetic interns will make recommendations.
**Personal Training**
You will be participating in a moderate to vigorous exercise program designed to improve your flexibility, balance, muscular strength and endurance and aerobic endurance.

3) **DESCRIPTION OF POTENTIAL RISKS AND DISCOMFORTS**
There exists the possibility of certain changes occurring during the fitness assessment. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Depending upon your level of conditioning you can expect some post exercise muscle soreness. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during the assessment. Emergency procedures and trained personnel are available to deal with unusual situations that may arise.

4) **RESPONSIBILITIES OF THE PARTICIPANT**
Information that you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your fitness assessment. Your prompt reporting of feelings with effort during the assessment itself is also of great importance. You are responsible for fully disclosing such information when requested by the staff members performing the assessment.

5) **BENEFITS TO BE EXPECTED**
The results obtained from the fitness assessment may assist in evaluating the type of physical activity you might do with low risk. It will also provide baseline data with which to compare future assessment results to determine the effectiveness of your fitness program.

6) **INQUIRIES**
Any questions about the procedures used in the exercise or nutrition programs are encouraged. If you have any concerns or questions, please ask us for further explanations.

I have read this form, and I understand the procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this activity.

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**By signing below I verify that I have read and understand the PROGRAM POLICIES AND PROCEDURES form received with this Personal Training Registration Packet.**

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