CONSENT FORM FOR FITNESS TESTING,
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT
THE UNIVERSITY OF MEMPHIS
SCHOOL OF HEALTH STUDIES

Participant Name: _____

1. **Explanation of Test**

You will perform one or more of the following service assessments offered through The School of Health Studies. These include: a running test, a gold swing test, a baseball throwing test, a maximal graded exercise test using a cycle or treadmill ergometer, a pulmonary function test (while breathing into a mouthpiece), a resting metabolic study (while lying on a table breathing into a mask/metabolic hood), an anaerobic power test (while sprinting on a cycle ergometer), a body composition analysis (using skinfold calipers), and a dual energy x-ray absorptiometry (DXA) test. Before and during each of these assessments, care will be taken to provide you with a detailed explanation concerning the assessment so that you feel comfortable with the procedures and feel confident in the results. During exercise tests and if requested by you, you may have blood samples taken from a forearm vein, fingertip, or earlobe for biochemical measurement before, during and following exercise. If this is desired, please check this box ☐ and initial here. The normal duration of these assessments will vary greatly (range form 30 seconds to approximately one hour) and will be discussed with a member of the lab staff prior to beginning.

2. **Risks and Discomforts**

Vigorous exercise carries a very remote chance of heart attack and possible death ($\leq 4/10,000$ exercise tests in studies that include diseased populations). Rarely, exercise may result in abnormal heart rhythms. Orthopedic injury is also remotely possible. Every effort will be made to minimize these risks during testing. If obtaining the blood samples, there exists the minimal risk of soreness at the site of puncture, in addition to the minor chance of infection. Using sterile techniques and trained personnel will minimize these risks. The DXA assessment involves very low level radiation.

3. **Responsibilities of 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 assessments. It is important that you disclose any such information to the lab staff prior to testing. Additionally, it is your responsibility to report any symptoms, pain, or discomfort that may occur during testing.

4. **Benefits to be Expected**

As a participant, you may learn your fitness and performance level. You may also learn of general health information. This may aid in designing future exercise programs and/or determining your current fitness and/or health classification.

5. **Inquires**

Any questions about the procedures used in the assessments or the results of your assessments are encouraged. If you have any concerns or questions, please ask for further explanations.

6. **Freedom of Consent**

Your permission to perform these assessments is voluntary. You are free to terminate your involvement at any time if you desire. By signing this form, you are agreeing to participate in one or more of the assessments described above.

7. **Release and Hold Harmless**

In consideration of the right to participate in these assessments, you agree to assume the risks involved and release and agree to hold harmless the University of Memphis, its Board of Regents, officers, employees, agents, representatives, volunteers and assigns ("Releasees") from all rights, claims, demands and damages of any kind, known or unknown, existing or arising in the future resulting from or related to your participation in these assessments. This release will also prevent your family from suing Releasees and binds your spouse, if you have one, your estate, siblings, parents, heirs, personal representatives and assigns. You have read this document and voluntarily sign same, without reliance on any representations, statements or inducements, express or implied, made by any party whomsoever.

_____   _____
Participant Signature   Witness to Signature

_____
Date of Consent