

**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 from 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

Medical History Questionnaire

Name: _____

Date: _____

Directions: If any of the following apply to you, please indicate by checking the appropriate area and filling in the needed information.

_____1. Are you currently taking any medication?

If yes, indicate what medication(s), length of time you have used and if prescribed by a physician or not. Include over the counter medications.

_____2 Do you smoke cigarettes or use tobacco products?

If yes, indicate how long and how much?

_____3. Are you taking any supplements? Vitamins, amino acids, herbs etc.

If yes, indicate what you are taking and how long. (May attach label).

4. Have you ever suffered from any of the following?

_____ heart attack

_____coronary artery disease

_____stroke

_____congestive heart failure

_____arthritis

_____cancer

5 Have you ever been diagnosed for any of the following? (Check if yes)

_____Diabetes Mellitus

_____Kidney problems

_____Pregnancy

_____Abnormal heart rate; murmur

_____Hypertension

_____Obesity

_____Chronic Infectious Diseases

_____Asthma

_____Anemia

_____Lower Back Pain

_____Joint problems

_____Dizziness

_____Abnormal metabolism

_____High Blood Cholesterol

_____Fainting

_____Muscle/skeletal problems

_____Other

Please explain_____

6. Is there a family history (parents, siblings) of the following before age 55?

_____ heart disease

_____diabetes

_____ obesity

7. Do you experience any of the following when you exercise?

_____ pain or discomfort in the chest region

_____shortness of breath

_____dizziness or fainting

_____skipped heart beats

_____leg pains

8. Is there any reason that you should not exercise?
9. Describe your current exercise program.
10. Do you have any muscle or skeletal problems or injuries? Please describe.
11. Have you had any lower back pain which lasted more than one week?
12. Are you/could you be currently pregnant?

VO₂ max Test Data Form

Date: _____

Subject: _____

Gender: _____

Age: _____

Height: _____

Weight: _____

Resting HR: _____

Resting BP: _____

Seat height: _____

Handlebar height: _____

Handlebar distance: _____

Temp: _____

Pressure: _____

Humidity: _____

Time (min)	Work load	HR	BP	RPE	VO ₂ (ml/kg/min)	VO ₂ (L/min)	R	V _E (L/min)	Comments
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
11									
18									

VO₂max : _____ ml/kg/min Workload: _____ Watts

Classification: _____

VO₂ max Test Data Form

Date: _____
Subject: _____
Gender: _____
Age: _____
Height: _____
Weight: _____
Resting HR: _____
Resting BP: _____

Relative Humidity: _____
Atmospheric Pressure: _____
Room Temperature: _____

Time (min)	Speed (mph)	Grade (%)	HR	BP	RPE	VO ₂ (ml/kg/min)	VO ₂ (L/min)	R	V _E (L/min)	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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16										
17										
18										

VO₂max : _____ ml/kg/min

Classification: _____