

CSEP PHYSICAL ACTIVITY TRAINING FOR HEALTH (CSEP-PATH) ASSESSMENT **ADULT INFORMED CONSENT FORM**

I, the undersigned, do hereby acknowledge my consent to undergo an assessment of my physical activity, sedentary behavior, lifestyle and fitness.

This CSEP-PATH assessment will be administered by a CSEP Certified Personal Trainer® or CSEP Certified Exercise Physiologist® and may include:

- Answering questions concerning my physical activity, sedentary behavior, and other lifestyle factors such as smoking and nutrition.
- Measures of my heart rate, blood pressure, height, weight and waist circumference.
- A sub-maximal aerobic fitness test that involves either stepping, walking or cycling for a defined period of time to measure your heart rate response.
- A series of musculoskeletal fitness tests that may include Grip Strength, Push-ups (max #), Sit and Reach, Vertical Jump, Back Extension, One Leg Stance.

I understand that the assessment results will be used to determine the type and amount of physical activity most appropriate for my interests, goals, current physical activity and sedentary behavior, and fitness level.

I understand that I will be provided with advice about physical activity, sedentary behaviour and other healthy lifestyle topics.

I understand that I may participate, if desired, in a follow-up supervised training session based on the findings of the assessment, consisting of a warm-up, aerobic and musculoskeletal training (including a sub-maximal resistance training load determination), and a cool-down.

I understand that there are small but potential risks during physical activity (e.g., episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, nausea), and that I willfully assume those risks.

I understand my obligation to immediately inform the Assessor of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the assessment.

I understand that I may stop or delay any further testing at any time if I so desire, and that the assessment may be terminated by the Assessor upon observation of any symptoms of undue distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the assessment.

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 from my physician.

This form must be completed, signed and submitted to the Assessor, 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 organization administering the assessment. The Assessor cannot be the witness.

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT

Printed Name of Client _____

Signature of Client _____

Date _____

Printed Name of Witness _____

Signature of Witness _____

Date _____

CSEP