



www.fitnessrxky.com

METABOLIC EFFICIENCY ASSESSMENT WAIVER FORM

Please read, initial, sign and bring this form to your appointment

Exercise Test Explanation

You will perform a near-threshold effort exercise test on your bike or a motor driven treadmill. The work levels will begin at a low intensity and gradually increase. The test can be stopped at any time should you experience fatigue, shortness of breath, dizziness, chest pain or any feelings of discomfort.

Please initial

Risks and Discomfort

There is some risk involved with performing an exercise test. Certain changes can occur in response to exercise including abnormal blood pressure changes, dizziness, myocardial infarction, stroke or death. Every effort will be made to minimize these risks and emergency equipment and trained personnel are available in basic CPR.

Please initial

Athlete Responsibilities

Information you have about your health status or previous experiences with higher intensity physical effort or testing may affect the safety of your exercise staff. You are responsible for fully disclosing such information to the staff.

Please initial

Consent

I have asked the test administrator any questions I have pertaining to this test and I understand that performance of this exercise test is completely VOLUNTARY and I am able to stop the test at any point. I hereby attest that I am in good health and my physical condition HAS BEEN VERIFIED by a licensed medical doctor, who has RELEASED ME to participate in strenuous physical activity and testing.

Please initial

Waiver of EKG (only for males ≥ and females ≥ 55years of age)

I understand that an EKG test will NOT be conducted and there will NOT be a physician on site during a test. I have provided, in writing, a signed consent form from my physician stating that he/she is aware that I am performing and exercise test, that there will be no physician present, that there is no contraindication to intense exercise, and that there will not be EKG monitoring during this test.

Please initial

I have read and understand the test procedures that I will perform and the associated risks and discomforts. I consent to participate in the testing. I acknowledge that by typing my full name, I am signing this document. I also acknowledge that I can request a paper copy of this document and sign it instead if I choose to.

Participant Signature **8 UNY**

Date cZ6 JfH