

Informed Consent for Training at Up Athletics & Rehab

Expected benefits from Testing/Exercise

The tests/exercises performed by Up Athletics & Rehab allow for the assessment/appraisal of your physical mobility, strength and cardiorespiratory capacity, and through subsequent exercise to improve your overall physical fitness. The test results are used to develop a safe and sound exercise program for you. Your information is kept strictly confidential unless you consent to the release of this information.

Risks & Discomforts

During testing and exercises provided by Up Athletics & Rehab, you may experience changes in your physical condition. The changes may include abnormal blood pressure responses, fainting, irregular heartbeat, heart attack and extremely rare occasions death may occur. Every effort is made to minimize these occurrences. Emergency policies and procedures are in place to deal with these situations should they occur.

There is the slight possibility of straining a muscle or spraining a ligament during muscular fitness testing or training. In addition, you may feel muscle soreness 24 to 48 hours following testing or training sessions, commonly referred to as DOMS or “delayed onset muscle soreness”. The chance of these conditions occurring can be minimized by performing a proper warm up prior to the test or exercise sessions. If muscle soreness does occur, please identify the change to the therapist/trainer at Up Athletics & Rehab so they may modify or restrict the activity to limit these symptoms if possible.

Please indicate which of the following tests/treatments you voluntarily consent to engage in;

- A submaximal, graded aerobic exercise stress test and aerobic exercises
- Muscular strength &/or endurance tests and strength training exercises
- Flexibility tests & stretching exercises
- Body composition tests
- Movement Assessment

Inquiries

Questions clarifying the potential benefits and risks regarding any of the procedures or tests recommended to assess your physical work capacity or physical fitness status are encouraged and should be asked at the earliest opportunity. If you have any questions or need additional information, please ask the kinesiologist to provide additional information or explanation.

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Freedom of Consent

Your permission to perform the physical fitness tests and prescribed exercises at Up Athletics & Rehab is completely voluntary. You are free to stop the tests or exercises at any point if you so desire.

For ICBC active rehab patients, You are consenting the Kinesiologist to collect, use and potentially share information with ICBC and other health practitioners, along with lawyers and employers if and when appropriate.

I have read this form carefully and I fully understand the risks associated with the procedures/exercises that I will perform. Knowing these risks and having had the opportunity to ask questions that have been answered to my satisfaction, I consent to participate in these tests provided by Up Athletics & Rehab.

Client Name (please print):

Kinesiologist Name:

Date:

Date:

Signature:

Signature: