



ADULT CONSENT FORM (CPAFLA)

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE:

- my consent to perform a health-related fitness appraisal consisting of stepping on double 20 cm steps at speeds appropriate for my age and gender, measurements of standing height, weight, circumference, and skinfolds, and tests of grip strength, push-ups, sit and reach, curl-ups, vertical jump and back extension test, the results of which will assist in determining the type and amount of physical activity most appropriate for my level of fitness;
- my understanding that heart rate and blood pressure will be measured prior to and at the completion of the appraisal;
- my consent to answer questions concerning my physical activity participation and my lifestyle;
- my consent to the appraisal measures conducted by an appraiser who has been trained to administer the Canadian Physical Activity, Fitness and Lifestyle Approach. I understand that the interpretation of results is limited to placing my scores in the appropriate Health Benefit Zones and providing information on physical activity participation and other healthy lifestyle topics.
- my understanding that there are potential risks; i.e., episodes of transient light headedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea, and that I assume wilfully those risks;
- my obligation to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the appraisal;
- my understanding that I may stop or delay any further testing if I so desire and that the appraisal may be terminated by the appraiser upon observation of any symptoms of undue distress or abnormal response;
- my understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the appraisal;
- that 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.

Signature

Date

Witness

Date

NOTE: This form must be completed, signed and submitted to the appraiser, along with the completed PAR-Q, at the time of testing. This 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 appraisal.