



FITNESS APPRAISAL Adult Consent Form

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE:

- My consent to perform a health-related fitness appraisal consisting of the evaluation of:

Standard Height	Grip Strength (right & left)
Weight	Push Ups (maximum number)
Waist Circumference	Site and Reach (flexibility)
Skinfolds (5 sites)	Partial Curl-ups (number in 1 minute)
Modified Canadian Aerobic Fitness Test (mCAFT)	Vertical Jump/Leg Power
	Back Extension

- My consent to answer questions concerning my current levels of physical activity participation & my lifestyle;
- My understanding that my heart rate & blood pressure will be measured prior to and at the completion of the appraisal;
- My consent to the appraisal measures conducted by a CSEP Certified Personal Trainer® who has been trained to administer the Canadian Physical Activity, Fitness and Lifestyle Approach protocols;
- My understanding that the results from my health-related fitness appraisal will assist in determining the type and amount of physical activity most appropriate for my level of fitness;
- My consent to perform a supervised exercise training session (if desired) based on the findings of my fitness appraisal, consisting of a warm-up, cardiovascular training, musculoskeletal training, flexibility exercises and a cool-down;
- My consent to have my blood pressure and heart rate measured periodically during my supervised exercise training session(s);
- My understanding that there are potential risks during exercise (i.e., episodes of transient light headedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea), in rare instances heart rhythm disturbances or heart attacks, and that I assume wilfully those risks;
- My obligation to immediately inform the CSEP Certified Personal Trainer® of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the appraisal and/or exercise session;
- My understanding that I may stop or delay any further exercise if I so desire and that the CSEP Certified Personal Trainer® may terminate the exercise session 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 exercise;
- It is my understanding that all nutritional advice provided will be based on Canada's Food Guide;
- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions and/or received clearance to participate in unrestricted physical activity/exercise from a physician.

This form must be completed, signed and submitted to the CSEP Certified Personal Trainer®, along with the completed PAR-Q, at the time of the appraisal. 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.

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

Adapted from: CSEP-CPAFLA Guide