



UNIVERSITY of WISCONSIN - EAU CLAIRE

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UWEC Community Fitness Program

Informed Consent

I desire to engage voluntarily in the UWEC Community Fitness Program. I have answered the Physical Activity Readiness Questionnaire (PAR-Q) and the medical health questionnaire to the best of my ability.

The activities that I will be given are designed to place a gradually increasing workload on the circulatory system and thereby improve its function. I understand that the reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy. There is a risk of cardiovascular changes occurring during or following exercise. These changes may include abnormalities of blood pressure or heart rate, ineffective heart function, and in rare instances stroke, heart attack, or even death.

I declare that I intend to use some or all of the facilities, equipment, activities, and services offered by the UWEC Community Fitness Program. I understand that part of the risk involved in any activity or program is relative to my own state of fitness and health and is related to the awareness, care, and skill with which I conduct myself in the program. I assume full responsibility for my choices to use or apply, at my own risk, any portion of the information or instruction that I receive.

Before starting the program, I should be aware of abnormal signs and symptoms (e.g. chest pain, extreme fatigue, shortness of breath, muscle pain or cramping, light headedness) which alert me to stop exercising. I understand that it is my responsibility to promptly notify the staff if I experience any of these problems.

I agree to learn, monitor, and record, as instructed by the staff, my pulse rate and my rating of perceived exertion before, during, and after each session.

I understand that it is my responsibility to report to the staff any changes in medication.

I agree not to leave the exercise area without a cool-down period during which my heart rate returns to within 10 beats of the pre-exercise rate.

I have read this form and understand it. Any questions that have arisen have been answered to my satisfaction.

Participant Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____