

CSEP-PATH: INFORMED CONSENT – Adult

I, the undersigned, do hereby acknowledge my consent to undergo an assessment of my physical activity, sedentary behaviour, lifestyle and fitness.

This CSEP-PATH® assessment will be administered by a CSEP Certified Personal Trainer® or CSEP Clinical Exercise Physiologist™ and may include:

- Answering questions concerning my physical activity, sedentary behaviour, medical history (if applicable), and other lifestyle factors such as sleep and nutrition.
- Measures of my heart rate, blood pressure, height, weight and waist circumference.
- A sub-maximal aerobic fitness test that involves either stepping, walking or cycling for a defined period of time to measure my heart rate response.
- A series of musculoskeletal fitness tests that may include Grip Strength, Push-ups, Predicted 1-Repetition Maximum (1-RM), Sit and Reach, Vertical Jump, Back Extension, Forearm Plank, Y Balance Test, One Leg Stance or other appropriate musculoskeletal test not listed.

I understand that the assessment results will be used to determine the type and amount of physical activity most appropriate for my interests, goals, current physical activity, and fitness level.

I understand that I will be provided with advice about physical activity, sedentary behaviour and other healthy lifestyle topics.

I understand that I may participate, if desired, in a follow-up supervised training session based on the findings of the assessment, consisting of a warm-up, aerobic and musculoskeletal training (including a sub-maximal resistance training load determination), and a cool-down.

I understand that there are small but potential risks during physical activity (e.g., episodes of transient lightheadedness, loss of consciousness, abnormal heart rate and/or blood pressure, chest discomfort, leg cramps, nausea), and that I willfully assume those risks.

I understand my obligation to immediately inform the qualified exercise professional of any pain, discomfort, fatigue, or any other symptoms that I may have during or within 48 hours of the assessment.

I understand that I may stop or delay the fitness assessment or the supervised exercise session at any time if I so desire, and that the assessment may be terminated by the qualified exercise professional upon observation of any symptoms of undue distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the assessment.

I have understood and completed a health screening process [e.g., using the *Get Active Questionnaire*] and have been deemed ready to participate in the CSEP-PATH® fitness assessment and/or become much more physically active.

This form must be completed, signed and submitted to the assessor, along with the completed Get Active Questionnaire, at the time of the assessment. The form must also be witnessed at the time of signing. The witness must be of the age of majority and be someone other than the qualified exercise professional.

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT

PRINTED NAME OF CLIENT

SIGNATURE OF CLIENT

DATE (YYYY/MM/DD):

PRINTED NAME OF WITNESS

SIGNATURE OF WITNESS

DATE (YYYY/MM/DD):

PRINTED NAME OF QUALIFIED EXERCISE PROFESSIONAL

SIGNATURE OF QUALIFIED EXERCISE PROFESSIONAL

DATE (YYYY/MM/DD):