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## INFORMATION AND CONSENT FORM

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**UW FITNESS**  
**KINESIOLOGY DEPARTMENT, FACULTY OF APPLIED HEALTH SCIENCES**  
**UNIVERSITY OF WATERLOO**

STAFF SUPERVISOR: Caryl Russell      888-4567 Ext. 36379

### GENERAL OUTLINE OF SERVICE

UW Fitness is part of the Kinesiology Department in the Faculty of Applied Health Sciences at the University of Waterloo. UW Fitness provides comprehensive fitness assessments and exercise management for individuals of the University and the community. Each participant may be required to complete an information sheet to determine relevant medical and physical activity history as well as fitness goals. Based on this information, participants will be able to partake in either one-on-one or small group exercise programs offered by UW Fitness.

### PROCEDURES, BENEFITS AND RISKS

I, the undersigned, do hereby acknowledge:

- My consent to perform exercise that may include warm-up, cardiovascular training, muscular strength and endurance, flexibility, possibly plyometrics and agility training and a cool-down;
- My consent to have my heart rate monitored throughout the training session using a heart rate monitor and to have my blood pressure measured periodically using a stethoscope and sphygmomanometer, if required;
- My consent to have the exercise session conducted by a fitness trainer who is a Certified Exercise Physiologist (CEP);
- My understanding that there are potential risks; i.e. possible episodes of transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea, and that I understand those risks described;
- My obligation is to immediately inform the fitness trainer of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after exercise;
- My understanding that I may stop or delay any further exercise if I so desire and that the exercise may be terminated by the fitness trainer upon observation of any symptoms of distress or abnormal response;
- My understanding that I may ask any questions or request further explanation or information about the training sessions at any time before, during, and after the exercise session;
- That I have read, understood, and completed the Get Active Questionnaire (CSEP-PATH) if required, and the answers to all the questions were negative or for any positive answers, I have been cleared by a Certified Exercise Physiologist or if needed, received clearance by my physician;

With full knowledge of all foregoing I agree, of my own free will, to participate in this exercise training.

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Name

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Signature

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Dated at Waterloo, Ontario

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Witness

(Revised December 2017)

