



Informed Consent for Participating in Testing and Training for the LUP/HIT FIT Program

Explanation of the Exercise Tests and Training Programs

I understand that I will be performing a series of physical ability tests to evaluate my resting metabolism, exercise metabolism, and body composition. The exercise testing requires that I walk / run on a treadmill or ride on a bike while being monitored for calorie expenditure, oxygen uptake, and heart rate. Energy Expenditure will be measured by exhaled gas analysis and heart rate will be calculated by an EKG or a heart rate monitor.

I understand that I will be engaging in various high intensity training sessions to improve health related fitness, and body composition (%fat). I understand that the proper attire is required for my safety and ability to complete all required activities. This entails tee shirt, lace up tennis shoes, and either shorts or sweat pants.

Risks and Discomforts

The possibility does exist that I may become injured during the testing and training. That is, I may develop muscle sprain or strain or muscle soreness during or after the testing periods. It is likely that I will experience delayed onset of muscle soreness. This soreness is common for beginning an exercise program and has no long-term consequences to my health. In very rare instances I could experience abnormal blood pressure, fainting, disorders of the heartbeat, heart attack, stroke, or even death. Every effort will be made to minimize these abnormalities by observation during the workouts. Emergency procedures and trained personnel are available to deal with any unusual situation that may arise.

Benefits to be Expected

The results obtained from the physical ability testing will assist in the assessment of my current level of physical ability and fitness. The results will also direct HIT personnel to prescribe training to improve my abilities in the areas most needed.

The Lighten-Up protocols are designed to promote weight loss and health related fitness. I understand that weight loss will also depend on compliance to dietary changes as recommended by The HIT Center staff. Recommendations will be based on a dietary recall program in which I consent to participate. Therefore, an added benefit to this program may be lifelong changes in eating habits that promote fitness and health.

Confidentiality

My data may be used by The HIT Center to create reports, presentations, and comparisons. It may also be used in an Internet database to track and compare my progress with that of others and to promote or create weight loss and fitness protocols. However, I understand that my identity will not be associated with any of the above mentioned. With my knowledge I understand that The HIT Center reserves the right to take and use photographs for promotional purposes with my consent

Inquiries

Any questions about the procedures used in the exercise testing and/or training sessions are encouraged. If I have any doubts or questions, I am encouraged to ask for further explanations. I also acknowledge that The HIT Center is relying on all information provided by me about my current physical condition to be true and correct.

Refund Policy:

In the event that the client cannot complete the program due to medical reasons, a refund may be given up to six months after the clients last session. This refund will be for medical reasons **only**, and must accompany a written refund request and a letter from a doctor. Clients may use any remaining credit for up to one year after their last session. If the credit amount is not used within one year, the client forfeits the remaining account balance.

Freedom of Consent

I have read this form and I understand the test procedures and training protocols that I will perform. My permission to perform the tests and/or training is voluntary. **I freely consent to participate voluntarily in all of the described physical ability tests and/or training.** I understand that I may stop the individual tests and/or training sessions at any time.

(Signature of Participant)

(Date)

(Signature of Parent: If under 18 years of age)

(Date)