



To:
 EXPLORE
 EVALUATE
 EDUCATE
 ENHANCE
HUMAN PERFORMANCE

*HUMAN PERFORMANCE LABORATORY
 DEPARTMENT OF KINESIOLOGY
 Boise State University*

INFORMED CONSENT FOR EXERCISE TESTING

Name: _____

Test(s) to be performed: _____

Depending on the specific test that is selected you may be asked to exercise sub-maximally or maximally. The exercise intensity will begin at a level you can easily accomplish and will be advanced in stages until a pre-determined intensity or you are no longer able to continue. We may stop testing at any time because of signs of fatigue or you may stop at any time you wish due to feelings of fatigue or pain. The information thus obtained will be used to determine your physiological performance.

You will use a treadmill, bike, or other suitable exercise equipment, a mouthpiece, heart rate monitor/ECG, blood pressure cuff, and/or other pertinent monitoring devices deemed appropriate by you and the test administrator. If exercising maximally, you can expect to exert yourself maximally during testing and will probably experience labored breathing, profuse sweating, increased heart rate and blood pressure, and mild muscle and joint discomfort. Discomfort during testing is expected; however, pain is not appropriate and testing should be stopped if you feel pain. In addition, there exists the potential for changes occurring during and after testing and may include muscle and/or joint pain, delayed onset muscle soreness, abnormal blood pressure, fainting, disorders of heart rate, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of your preliminary screening, proper warm-up and cool-down, and observation during testing. Information you possess about your health status or previous experience of unusual feelings with physical effort may affect the safety and value of your exercise tests. Your prompt reporting of this information and of feelings experienced during the exercise test itself are of great importance and you are responsible to fully disclose any and all such information to testing staff prior to, and during, testing.

Boise State University does not provide any form of compensation or insurance for injury that may result through participation in this testing. The results of the tests will further your education, provide information about your current fitness level, health, and tolerance for exercise and will allow for fitness and health prescriptions and comparisons. Additionally, the information can be used in evaluating what type of physical activities you might do with low risk of harm. Your participation in any tests of human performance is voluntary. You are free to deny consent or stop testing at any point if you so desire. If you have any questions or concerns about the procedures used in the exercise tests, you are encouraged to ask for additional information. Please contact the Human Performance Laboratory Graduate Assistant or Dr. Shawn Simonson at 208-426-5518 or hpl@boisestate.edu.

I have read the above and understand testing procedures that I will perform. I give my consent to actively participate in the tests of human performance listed above.

Signature: _____

Date: _____

Name (printed): _____

Test Administrator: _____