

All information will be kept confidential.

Informed consent

1. Explanation of the exercise test - you will perform a number of exercise tests. The exercise intensity of each will be at a level appropriate to your ability. I may stop the test at any time because of signs of fatigue or, you may stop when you wish because of personal feelings of fatigue or discomfort.
2. Risks and discomforts - there exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, disorder of heartbeat and in rare instances, heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing. Trained personnel are available to deal with unusual situations that may arise.
3. Responsibilities of the client - information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise tests. Prompt reporting of feelings of effort during the exercise tests are of great importance. It is your responsibility to fully disclose such information when requested.
4. Benefits to be expected - the results obtained from the exercise tests will assist in evaluating what type of physical activities you may participate in.
5. Injuries - any questions about the procedures used in the exercise tests are encouraged. If you have any doubts or questions, please ask for further explanations.
6. Freedom of consent - your permission to perform the exercise tests is voluntary. You are free to deny consent or stop at any point, if you so desire.

I have read this form and I understand the test procedures that I will perform. I consent to participate.

Client's Signature:

Trainer's Signature:

Print Name:

Print name:

Date:

Date:



Beyond Barriers Personal Training

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