



Valparaiso University - Department of Kinesiology - Human Performance Lab - 1009 Union Street –ARC - Valparaiso, IN 46383  
[valpofitlab@valpo.edu](mailto:valpofitlab@valpo.edu) – (219) 464 - 5625

## Valpo FitLab at Valparaiso University CONSENT & LIABILITY WAIVER & RELEASE FORM

**Purpose:** The purpose of these assessments is to determine physical fitness. The information obtained from the assessments will be used to write a personalized exercise prescription to maintain or improve physical fitness. With permission, data may be recorded without identification for future research and analysis.

**Procedures:** To assess cardiovascular function, body composition, and other physical fitness components, the undersigned hereby voluntarily consents to engage in one or more of the following test(s) (check the appropriate boxes):

- Graded exercise assessment
- Balance assessment
- Body composition assessment
- Postural assessment
- Muscular fitness assessment
- Blood Lactate assessment
- Flexibility assessment
- Gait analysis

**Explanation of Assessments: All assessments may be stopped at any time, for any reason.** A preliminary examination in addition to observations during testing will help to minimize risks. Emergency equipment and trained personnel are available in the event of an emergency. Instructions for each test will be explained thoroughly and all questions will be answered prior to testing.

The graded exercise test may be performed on a cycle ergometer, a motor-driven treadmill, or a step platform. The exercise workload is increased every few minutes until exhaustion or until other symptoms indicate that the test be terminated. Heart rate will be monitored prior to, during, and immediately following the assessment via a heart rate monitor. The tests are designed to increase the demands of the heart, lungs, and blood vessels. The test will continue until you choose to end it unless symptoms prohibit further exercise.

Lactate threshold testing will be performed in a non-maximal exercise test on a bicycle, treadmill, step, or track. The work level will begin at a low intensity and gradually increase until lactate threshold is identified. The test will take approximately 45 minutes to complete, during which time 6 - 10 blood samples will be extracted from the finger, toe, or earlobe at regular intervals to determine blood lactate values. Participants can request to stop the test at any time and should immediately inform the tester if they experience fatigue, shortness of breath, dizziness, lightheadedness, nausea, chest pain, or any other feelings of discomfort.

Body composition assessment may include measurement of height, weight, and girth, and/or tests consisting of skinfold tests and/or bioelectrical impedance analysis to determine body fatness.

Muscular endurance may be measured using calisthenics and/or special equipment to assess strength and endurance of the major muscle groups in the body.

Evaluation of flexibility requires measurement of the range of motion in your joints. This includes, but is not limited to a sit and reach assessment along with shoulder and trunk mobility evaluations.



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Balance testing includes identifying the amount of time a certain stance can be maintained without losing balance.

Postural assessment includes an objective evaluation of an individual in ideal static postural alignments.

**Possible Risks:** Minimal risk is associated with the aforementioned tests including unexpected reactions of the heart, lungs, and blood vessels. Abnormal changes in response to aerobic exercise may include abnormal heartbeats, abnormal heart rhythms, abnormal blood pressure response, various muscle and joint strains or injuries, and in rare instances, stroke, heart attack, or death. Other risks include muscle soreness, feelings of exhaustion, nausea, or overall strain, episodes of transient lightheadedness, fainting, skin irritation/discomfort/pinching at skinfold site, and embarrassment. Disclosing all relevant health information to the test administrator and immediately informing them of any abnormal symptoms prior to, during, or following the testing will help reduce these risks. Participants may stop or delay any testing if they so desire and/or testing may be terminated by the test administrator upon observation of any symptoms or abnormal response. Participants are encouraged to ask any questions or request further explanation or information about any of the procedures at any time prior to, during, or after testing.

**Possible Benefits:** By completing a physical fitness evaluation, individuals will gain knowledge about their personal fitness status and their readiness to begin an exercise program. Each participant will receive an individualized fitness prescription to address personal fitness needs and goals.

**Confidentiality of Records:** I understand that the personal information required for participation will remain confidential. My name will not be used in any manner associated with any data collected or published. No information will be used that will allow someone to identify me. All personal records will be stored in the Human Performance Lab in a locked cabinet. Each participant will be identified by a number coding system. After three years, all documents attached to my name will be shredded. If information collected is published, I will not be identified by my name. By signing this form, however, I allow the researchers or investigators to make my research records available to the Valparaiso University Institutional Review Board (IRB) Office and regulatory agencies as required by law.

**Right to Withdraw:** Participation is voluntary. If you decide to participate, you will be asked to sign this consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing will not affect the relationship you have, if any, with the staff, researchers, or the University.

**Institutional Review Board:** The Valpo FitLab physical fitness assessment protocols have been reviewed and approved by the Valparaiso University Institutional Review Board. If you have questions at any time about participation, or you experience adverse effects as the result of participation, you may contact the supervisors whose contact information is provided on this consent form. If you have questions regarding your rights as a participant, or if problems arise which you do not feel you can discuss with the Valpo FitLab supervisors, please contact the Institutional Review Board at [valpoirb@valpo.edu](mailto:valpoirb@valpo.edu) or 219-464-5798.



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**Signature for Consent:** I hereby release Valparaiso University, The Lutheran University Association, Inc., d/b/a Valparaiso University, and any of its agents, officers, and employees, or students acting on their behalf, from any liability with respect to any and all liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury (including death), that may be sustained by me or to any property belonging to me while participating in an activity under this Waiver, or while in, on, or upon the premises where the activity is being conducted, or in transportation to and from said premises, except where prohibited by law. It is my express intent that this Waiver shall bind the members of my family, my heirs, assigns and personal representative(s), and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE.

- By checking this box, I affirm:
- I have read the Waiver and Release and fully understand its terms;
  - the principal clinician has answered all questions in regard to my participation;
  - I agree to be a participant in the checked fitness assessments on page one;
  - I have signed freely and without inducement;
  - I am 18 years of age or older; and
  - I make this decision informed of its implications and entirely of my own free will.

By checking this box, I agree to allow my fitness assessment data to be pooled and saved for future analysis and research. I understand personal information will not be attached to any personal assessment data.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Clinician: \_\_\_\_\_ Date: \_\_\_\_\_