

**Smart Start Testing Consent Form**

**Printed Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**What is Smart Start?**

Our Smart Start program is a six-month holistic health coaching service that we offer to all new members at no extra charge. This process includes an Assessment with an exercise physiologist, a Beginners Circuit with a fitness instructor, and a 3-month and 6-month follow up via email/phone to check in on your progress. Here at the Wellness Center, we strive to provide our members with all the tools necessary to live a healthier lifestyle.

**Explanation of the Assessment:**

For all new members, the assessment will consist of a review of your Health History Questionnaire followed by basic resting measurements including heart rate, blood pressure, height, weight, body fat percentage, and waist measurement. Based off the member's health history and measurements, exercise physiologists will determine if there are any contraindications to exercise testing. If there are NO contraindications, member will perform a low back/hamstring flexibility test as well as an aerobic fitness test on a cycle ergometer. The exercise intensity for the aerobic fitness test will begin at a level you can easily accomplish and will be advanced in stages, depending on your fitness level. The instructor may stop the test at any time due to signs of fatigue or you may stop whenever you wish because of personal feelings of fatigue or discomfort.

**Explanation of the Beginners Circuit:**

The Beginners Circuit is a guided one-on-one exercise session with a fitness instructor that will prepare novice exercisers to confidently navigate the fitness floor and use the exercise equipment safely and efficiently. The fitness instructor will teach the new member a total body functional strength routine including how to set up equipment, find the appropriate weight to use, and perform the movements. Changes and accommodations to the exercise routine will be made if necessary due to exercise contraindications/injuries.

**Risks and Discomforts:**

There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, disorder of heartbeat, and in rare instances, heart attack or death. Every effort will be made to minimize these through the preliminary examination and by observations during testing. Emergency equipment and trained personnel are available to deal with any unusual situations that may arise.

**Benefits to Be Expected:**

The results obtained from the exercise test will assist us in determining the type of physical activities you might engage in with no or low hazards.

**Inquiries:**

Any questions about the procedures used in the assessment and/or beginners circuit and in the estimation of functional capacity is encouraged.

**Freedom of Consent:**

Your permission to perform the assessment and/or beginners circuit is voluntary. You are free to deny consent if you so desire. I have read this form completely and I understand the test procedures that I will perform.

\_\_\_\_\_ **I choose to waive my right to participate in the Assessment.**

\_\_\_\_\_ **I choose to complete the Assessment.**

\_\_\_\_\_ **I choose to waive my right to the Beginners Circuit with a Staff Member.**

\_\_\_\_\_ **I choose to complete the Beginners Circuit with a Staff Member.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness