

# Consent for Participation in A-PREP Testing

## I, the undersigned, do hereby acknowledge:

1. My consent to perform an aerobic shuttle run and a simulated foot pursuit which consists of running 100 m (328 ft.) while climbing stairs, climbing a 1.52 m (5 ft.) fence, engaging in a “resistor control” simulation with a weight machine, performing an “arm restraint” simulation with a weight machine and dragging a 68 kg (150 lb.) mannequin 15m (50 ft.);
2. My consent to the tests being supervised by a qualified A-PREP Fitness Appraiser who has been trained to administer these A-PREP assessment protocols;
3. My understanding that I may ask questions or request further information or explanation about the tests;
4. My understanding that there exists the possibility of certain changes occurring during and after my performance of the fitness tests including abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and, in rare instances, heart attacks, or heart rhythm disturbances;
5. My obligation to immediately inform the A-PREP Fitness Appraiser of any unusual pain, discomfort, fatigue or any other symptoms that I incur during or after the testing;
6. My understanding that I may stop any further testing if I so desire and also that the testing may be terminated by the A-PREP Fitness Appraiser;
7. That if I am over 40 years of age AND not accustomed to regular strenuous (vigorous) exercise, I have been cleared for participation in the fitness testing by a CSEP-Certified Exercise Physiologist or by my physician who completed the Medical Physician Clearance form and the PARmed-X form for that purpose;
8. That I do not have two or more of the following major coronary risk factors, or if I do, I have received Medical Physician Clearance (PARmed-X and Medical Physician Clearance) before reporting to participate in the A-PREP: family history of a heart attack or sudden death before 55 years of age; currently smoke cigarettes; have high blood pressure, have diabetes mellitus; have high blood cholesterol or work in a sedentary occupation and am physically inactive;
9. That I have read, understood and completed the Physical Activity Readiness Questionnaire (PAR-Q) and my answers to all questions were “No”, or if I answered “Yes” to any question, I was subsequently cleared for participation in the fitness testing by a CSEP-Certified Exercise Physiologist or by my physician who completed the PARmed-X form and the Medical Physician Clearance form for that purpose.
10. That I assume all risks, associated with the normal use of equipment used in the A-PREP Testing.

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**Name of Participant** *(Please Print)*

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**Signature of Participant**

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**Date**

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**Name of Witness** *(Please Print)*

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**Signature of Witness**

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**Date**

