

Authorization and Consent: VO2 MAX-testing

INFORMATION STATEMENT

A fitness evaluation test will be performed. The test may determine:

1. Maximum oxygen uptake (VO2 Max)
2. Heart rate as power output or speed increases
3. Maximum heart rate
4. Training zones

The test is a progressive and maximal test that is strenuous. Results depend on your ability to go as far as possible before voluntarily stopping the test. If you experience symptoms such as excessive fatigue, breathlessness, chest pain, muscle pain, or any other symptoms out of your ordinary, you will stop the test. If we are concerned about your well-being during the test, we will stop the test prior to maximum exercise level. You can stop the test voluntarily at any time.

RISKS of testing include musculoskeletal injury, infection, breathing difficulty, fainting, abnormal heart rhythm, heart attack, anaphylaxis, and death.

BENEFITS of testing include assessment of fitness and development of training zones. The knowledge gained from the test facilitates development of a training program, evaluation and monitoring of training progress, and prevention of overtraining and injury.

CONSENT TO TREATMENT: I hereby consent to receive a VO2 Max / RMR Test.

CONTRAINDICATIONS: By signing this form I am indicating that I have no chance of pregnancy, heart conditions or cancer.

LIABILITY WAIVER: I understand that I'm using the VO2 Max / RMR at my own risk. My results fully depend on my ability to follow protocol and give proper feedback. I release, hold harmless, and indemnify Longevity center / Hudson Health, its owners, agents, employees and representatives, from all liability for any treatment given.

RELEASE: In consideration for the opportunity to participate in the VO2 Max / RMR, I agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against Longevity center by Hudson Health or any of their directors, officers, employees, agents, or volunteers for injury, damage, or death resulting from the negligent acts or omissions of any person or entity, however caused, arising from or related to my participation in the VO2 Max / RMR. I hereby waive and release any rights, actions, or causes of action against Longevity Center by Hudson Health resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the VO2 Max / RMR.

I HEREBY CONSENT TO THE PERFORMANCE OF THE FITNESS TEST

(Patient's Signature)

Date