

Center for Sport Physiology and Exercise Testing  
BOD POD Informed Consent

**AGREEMENT TO PARTICIPATE IN THE BOD POD ASSESSMENT**

This form contains information regarding your participation in the BOD POD body composition test (the Assessment) conducted by Center of Sport Physiology and Exercise Testing (the Facility).

**PURPOSE:** To measure the amount of fat and lean mass you have in the body. **Why is this important:** Too much fat or too little fat can put you at risk for developing a number of chronic diseases, such as obesity, diabetes, heart disease, and certain cancers. For athletes and active individuals, optimizing the amount of fat and muscle in the body can enhance performance.

**DESCRIPTION:** The BOD POD Gold Standard Body Composition Tracking System, manufactured and distributed exclusively by COSMED USA, is an advanced technology that measures the amount of fat and muscle you have in the body. A full assessment requires about 5 minutes, and provides highly accurate, safe, and fast test results. For this test, you will be asked to sit calmly with your hands on your lap in a small chamber with a window for about 5 minutes while wearing a swim cap and tight-fitting clothes. Your weight and height will also be measured prior to the test. A private changing area is available for your convenience and privacy.

**POSSIBLE RISKS AND DISCOMFORTS:** There are no known risks of this procedure. If you are claustrophobic, you may have difficulty in the BOD POD, but you will be able to talk to the investigators during the entire test. You can ask to stop the test and be immediately removed from the chamber at any time during the test. We understand that some individuals may experience discomfort due to the use of tight-fitting undergarments requirements, however, this is necessary for the assessment procedures.

**RESPONSIBILITIES OF THE PARTICIPANT:** The results of the test may be inaccurate if pre-test procedures are not properly followed, such as fasting for two hours and abstaining from exercise and alcohol consumption for 4 hours prior to measurement. During the test you should remain still and breathe normally. You should immediately report any unusual feelings that are of concern to the test staff.

**DEFINITION OF DATA:** The data (the Data) collected during this Assessment may consist of measurements, estimates and/or the information you may provide as part of this Assessment.

**USE OF DATA:** CSPET will use the data for commercial purposes in the following ways: (1) As an input to help your trainer or nutritionist design a better training regimen and/or nutrition plan. (2) As aggregate, **anonymized** data including for statistical and data modeling purposes. Examples of this data are average body fat levels across a population as well as more sophisticated statistical models of human body fat variation. (3) Individual, **anonymized** participant data like body composition data may be shared with, sold to or licensed to research or commercial entities and CSPET may receive compensation therefore. CSPET makes no residual or other payments of any kind to participants. You release us from all liability for the use of the data by any party provided the data is supplied pursuant to the term hereof.

**PRIVACY:** The Data will be stored securely and only authorized Company and Facility personnel will be able to relate the data to the identity of the subject. The Data will be stored using industry standard practices for maintaining data security. Access to data will be granted subject to the conditions herein.

**PAYMENT:** This Assessment is not covered by insurance and you are responsible for direct payment to CSPET at American International College.

**RIGHTS OF THE PARTICIPANT:** If you have read this form and decided to participate in this Assessment, please understand that your participation is voluntary. The alternative is not to participate. You have the right to refuse to answer any question.

**CONTACT INFORMATION:** If you have any questions, contact us anytime at

### **DECLARATION OF CONSENT**

I AGREE TO PARTICIPATE IN THE ASSESSMENT CONDUCTED BY THE COMPANY AND THE TESTING FACILITY. I UNDERSTAND AND CONSENT TO THE RELEASE OF THE DATA BY THE LAB OR FACILITY PERFORMING THE TEST TO CSPET.

I understand that my participation in this Assessment is purely voluntary and my permission to perform this test is freely given. By signing below, I understand the risks and expected benefits of this Assessment. CSPET cannot be held responsible for any physical and/or mental discomfort as a result of this test.

I confirm that I have read the information presented above carefully. The possible risks resulting from participation in this Assessment were explained. I had sufficient time to inform myself about the protocol and methods involved in the Assessment, and was able to ask any question regarding the Assessment. I was informed about how the Data will be stored and used.

*I understand that I will NOT receive any health or medical diagnosis, treatment, or advice from CSPET or from the Facility, and I agree that I will not rely on information that I receive from Company or Facility to make health or medical decisions.*

I agree to participate in the Assessment subject to the above terms.

**Participant Signature:** \_\_\_\_\_

**Participant Name (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_