

Center for Sport Physiology and Exercise Testing  
Resting Metabolic Rate Informed Consent

**AGREEMENT TO PARTICIPATE IN THE RESTING METABOLIC RATE ASSESSMENT**

This form contains information regarding your participation in the RMR (the Assessment) conducted by Center of Sport Physiology and Exercise Testing (the Facility).

**PURPOSE:** The Resting Metabolic Rate (RMR) test is performed to estimate the amount of energy that your body burns in one day.

**Why is this important:** Whether your goal is to lose, gain, or maintain your weight, this information is extremely valuable for designing and personalizing a weight management program. The amount of energy you use at rest can be used to calculate the amount of energy you need from food and/or the amount of energy you will be burning during exercise.

**DESCRIPTION:** The duration of the test is about one hour. During the test, you will be lying supine on a bed with a mask or canopy hood rested comfortably over you. You should remain still, relaxed and as comfortable as possible without falling asleep. The testing staff will monitor you during the entire test to ensure you stay awake and should you need assistance.

**POSSIBLE RISKS AND DISCOMFORTS:** To the best of our knowledge, there are no known health risks associated with the RMR test. Rarely, people may feel claustrophobic while wearing the mask or canopy hood. It may also feel warm or cold while the test is in session. The testing staff will provide blankets if desired.

**RESPONSIBILITIES OF THE PARTICIPANT:** The results of the test may be inaccurate if pre-test procedures are not properly followed. The accuracy of your results can also be affected by certain medications, medical conditions, acute infections and, for females, pregnancy, breast feeding and menstruation. You should let the testing staff know prior to the test if any of these apply, including the use of non-prescription medications. You should immediately report any unusual feelings that are of concern to the test staff during the test.

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