

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

**AGREEMENT TO PARTICIPATE IN THE VO<sub>2</sub> MAX ASSESSMENT**

This form contains information regarding your participation in the VO<sub>2</sub> Max Assessment (the Assessment) conducted by CSPET as part of your overall fitness assessment.

**PURPOSE:** The VO<sub>2</sub> Max test is done to determine your aerobic capacity, or in other words, your fitness level.

**Why is this important:** Poor fitness level is associated with an increased risk for chronic illnesses, such as obesity, diabetes, hypertension, and cardiovascular health. Conversely, good fitness level significantly reduces your likelihood of developing chronic illness.

**DESCRIPTION:** The test will be done on a treadmill or cycle ergometer. During the test, you may be connected to a metabolic cart that measure the amount of oxygen that you breathe in and the amount of CO<sub>2</sub> that your body produces through your breathing. You will then complete a short warm up. During the test, other vitals might be monitored for safety. During this test, the intensity will gradually increase and you will be required to work harder and harder until, ultimately, you are working as hard as you can work. This should take somewhere between 10 and 20 minutes. Once you reach the point at which you cannot work any harder, the test will complete.

**POSSIBLE RISKS AND DISCOMFORTS:** You will only be allowed to perform the test once we receive your pre-test screening form and if the form indicates that you are eligible to perform the test. If you feel ill at any time during the test, you should stop exercising immediately and inform the test administrator. Risks that might be present during an exercise test like this one include muscular fatigue, abnormal blood pressure response, fainting, heart beat disorders (too fast or too slow) and, in extremely rare circumstances, a heart attack. However, the likelihood of these risks is extremely low and medical personnel will intervene should any of these problems arise.

**RESPONSIBILITIES OF THE PARTICIPANT:** Information about your health status or previous experiences of heart related symptoms (shortness of breath with low-level activity, pain, pressure/tightness or heaviness in the chest/neck/back/jaw or arms) may affect your safety during the test. You are responsible for notifying the testing staff about any current or previous health condition that may affect your ability and safety to exercise.

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