

LB ENDURANCE LAB INFORMED CONSENT

- LACTATE THRESHOLD: I hereby voluntarily give consent to engage in a graded fitness test. I understand that the purpose of this testing is to determine my anaerobic threshold.
- VO2 MAX: I hereby voluntarily give consent to engage in a fitness test. I understand that the purpose of this testing is to determine my maximum exercise capacity.
- INSCYD: I hereby voluntarily give consent to engage in a staged fitness test. I understand that the purpose of this testing is to determine my physiologic performance profile.
- RMR: I hereby voluntarily give consent to engage in a resting assessment. I understand that the purpose of this testing is to determine my basal caloric needs.

I understand that:

1. These cardiovascular fitness tests will involve progressive stages of increasing effort and that at any time I may terminate the test for any reason.
2. Numerous blood samples (from a finger or ear prick) will be taken at various stages during LACTATE THRESHOLD and INSCYD testing.
3. VO2 MAX and RMR require that I wear a fitted silicon mask over my nose and mouth for the duration of testing. The mask is designed to allow for natural, unrestricted respiration.
4. During some tests I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason.
5. There are certain changes which may occur during the exercise test and that the technician has the authority to cease testing if my safety is at risk. Some risks/changes include: abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack.
6. Every effort will be made to minimize problems by preliminary examination and self-assessment, and observation during testing.
7. I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

In consideration of being allowed to participate in the fitness test(s), I have also signed a Waiver and Hold Harmless with LB Endurance Lab.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Participant _____ Signature _____ Date: _____

If Participant is under the age of 18, this release must also be signed by a parent or legal guardian:

Parent/Guardian _____ Signature _____ Date: _____

Witness _____ Signature _____ Date: _____