



## Informed Consent for Exercise Participation and Testing

I hereby consent to engage voluntarily in the exercise testing and/or fitness program at Stage5 Cycling Incorporated in order to determine my circulatory and respiratory fitness and to improve my physical fitness. A specific exercise plan will be given to me based on my needs, interests and possibly my doctor's recommendations. Exercise may include aerobic and strength activities as well as flexibility exercises. In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission prior to my admittance as a participant of Stage5 Cycling Incorporated. I will only perform those exercises prescribed for me.

Before I undergo the test or fitness program, I certify that I am in good health. Further, I hereby represent that I have completed the Physical Activity Readiness Questionnaire and have provided correct responses to the questions on this form. I recognize that my failure to do so could lead to possible unnecessary injury to myself. I am told that the test I will undergo will be performed on a piece of cardio respiratory equipment that suits my preference and comfort. I understand that during this test intensity will gradually be increased until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, indicating to me that I should stop. I understand that I am responsible for monitoring my own condition throughout the exercise test or fitness program and should any unusual symptoms occur, I will cease my participation and inform the Stage5 Cycling staff of my symptoms. I understand with accuracy that there is a risk of certain abnormal changes occurring during the following exercise which may include abnormalities of blood pressure or heart rate, ineffective function of musculoskeletal strains, pain and injury if adequate safety procedures are not followed. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the test or exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

Also, in consideration for being allowed to participate in Stage5 Cycling programs and testing, I agree to assume the risk of such exercise and further agree to hold harmless Stage5 Cycling Incorporated, its staff members and affiliates who supervise the exercise programs and tests from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program or test performed by Stage5 Cycling Incorporated and its staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Witness: \_\_\_\_\_