

**INFORMED CONSENT FORM**

My signature on this form indicates that I have given my informed consent to participate in total fitness testing sponsored by the Susquehanna Township, Swatara Township and the Lower Swatara Township Police Departments (hereinafter “Agency”). The program that I am being asked to consent to may consist to all or any of the following activities:

- (1) Exercise testing, to include 1.5 mile run, three-hundred (300) meter run, push ups and sit ups.

I understand that a trained exercise leader will supervise exercise testing. I further understand that in any exercise testing program there is a chance of an unfavorable incident. These incidents may include injury, either orthopedic or heart related or related to other systems; unusual coronary vascular episodes such as changes in blood pressure or irregular heartbeat; and, on rare occasions heart attack. I understand that the staff has been trained to recognize the symptoms of these incidents and to take the appropriate actions such as first aid and CPR. I further acknowledge my responsibility to immediately report any signs of these conditions and any discomfort, which I am feeling to staff.

I am aware that there is possibility of soreness after testing. I agree to follow the directions of staff regarding proper warm up and cool down to minimize soreness. I further recognize that any additional medical care required as a result of this testing would be my financial responsibility. I agree to answer all questions asked of me as part of this program fully, honestly and accurately. I understand the possible concerns of not doing so including reducing the chance of safely completing the testing.

I understand that, if at any time I feel that I may be at any additional risk or that I may be harmed by this testing program I may, of my own volition, discontinue the test.

I give my consent for any data gathered during the test being used in evaluating me.

I have read and understand this form and I understand my responsibilities. I represent and warrant that I am at least eighteen (18) years of age and mentally competent. I understand that my representations herein and the consent given in this form are being relied upon by Agency. I understand that by signing this document I am consenting to participate in a fitness test and that I am accepting the risk of the testing program. I have received adequate explanation of the program and the risks involved.

I further release, discharge and give up any claims which I may have against Agency and any agent, employee, contractor or representative of Agency or against the Townships of Susquehanna, Swatara, Lower Swatara or any agent, representative or employee of the Townships which I may have or which may arise from any negligence in the testing program or any injuries which may occur to me because of participation in the testing program.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_

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