



Carpenter Family Care 981 State Route 46 East, Suite A. Batesville, IN 47006

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Client Consent Form

Fitness testing including VO₂ Max Testing, and Resting Metabolic Rate (RMR) Testing

CLIENT INFORMATION

- **Full Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email Address:** _____

PURPOSE OF TESTING

You are requesting to undergo one or more of the following evaluations:

VO₂ Max Testing (maximal oxygen uptake evaluation)

Resting Metabolic Rate (RMR) Testing

These assessments are designed to evaluate your current physical condition and assist in developing a safe and effective health and fitness plan.

DESCRIPTION OF PROCEDURES

VO₂ Max Testing involves a graded exercise test, typically performed on a treadmill or cycle ergometer, while wearing a mask to measure respiratory gases. The test is designed to reach maximal effort.

Resting Metabolic Rate Testing involves lying quietly while measurements of your breath are taken to determine how many calories your body burns at rest.

POTENTIAL RISKS AND DISCOMFORTS

While every effort will be made to minimize risks, by participating you acknowledge that:

- Fitness and VO₂ Max testing may involve strenuous exertion, which can result in abnormal blood pressure, fainting, irregular heartbeat, heart attack, or in rare instances, death.
- Discomfort may include fatigue, shortness of breath, dizziness, or muscle soreness.
- The RMR test is non-invasive and carries minimal risk, but slight discomfort from wearing a breathing apparatus may occur.
- These tests are not diagnostic and do not replace medical advice.

If at any time you feel pain, discomfort, or need to stop, you agree to inform the technician immediately.

CONFIDENTIALITY

All personal health information obtained during testing will be kept confidential and used solely for the purpose of providing appropriate fitness guidance, unless otherwise required by law.

FINANCIAL RESPONSIBILITY

By signing below, you agree:

- To pay all charges for services rendered by Carpenter Family Care, regardless of the outcome or your participation in the full test procedure.
- That Carpenter Family Care is not responsible for any medical expenses incurred as a result of participating in the testing.
- That you will not hold Carpenter Family Care, its employees, contractors, or agents financially liable for any injuries or adverse outcomes resulting from participation in the tests.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I, the undersigned, hereby voluntarily agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participation in these fitness tests.

I fully release and hold harmless **Carpenter Family Care**, its officers, employees, agents, and contractors from any and all liability, claims, demands, or causes of action resulting from my participation, whether caused by negligence or otherwise, to the fullest extent allowed by law.

I confirm that I have no known medical conditions or have obtained written clearance from a physician that allows me to safely participate in this testing.

VOLUNTARY CONSENT

I have read and fully understand this consent form. I understand the nature and purpose of the testing procedures, the risks involved, and my rights. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

Client Name _____

Signature: _____

Date: _____

Parent Name if client < 18 yo _____

Parent Signature (if client < 18 yo) _____

Date _____