

Northern Michigan University Exercise Science Laboratory Services

Move UP Fitness Program

Informed Consent

Explanation of the Program

MOVE UP is a professionally-directed adult fitness exercise/education program. The program is conducted through the Exercise Science Laboratory Services within the School of Health and Human Performance of Northern Michigan University. Participants are encouraged to discuss with their doctors their participation in the Move UP Program and provide the Move UP staff with any recommendations or specific precautions that their healthcare providers would like to see implemented with them. The exercise sessions will consist of activities designed to improve your muscular endurance, range of motion (flexibility) and cardiovascular (aerobic) endurance. Each session will begin with a warm-up period followed by an extended period of fitness activity and close with a cool-down. To gain expected benefits, you must attend the activity sessions regularly and adhere to recommendations.

To achieve the best possible benefits and preventive health care, I agree that:

I WILL NOT

- A. Withhold information pertinent to symptoms from the program staff
- B. Exercise when I do not feel well.
- C. Exercise after drinking alcoholic beverages.

I WILL

- A. Follow the intensity, duration, type and progression of exercise recommended
- B. Consult with one of the staff exercise leaders concerning questions I have about my recommended program or other exercise and fitness topics.
- C. Report any unusual symptoms which I experience before, during, or after exercise.
- D. Provide the program staff with copies of any test results or information (stress test results, medication changes, physician's recommendations, etc.) which would affect my exercise prescription.
- E. Follow all program rules, regulations and safety guidelines.

Benefits/Risks Participation in this program may not benefit you directly in any way. The results of testing may help in evaluating what types of activities and exercises may benefit you in your daily life. No assurance can be given that this program will increase your functional capacity, although widespread experience indicates that improvement is usually achieved.

The most common improvements following regular participation in the program include decreased resting heart rate and blood pressure, increased endurance during exercise, and decreased body fat.

There are risks inherent in physical activity, including, but not limited to muscular soreness, injuries, faintness, nausea, and in rare instances, heart attack, stroke, or death.

Confidentiality The information obtained during exercise testing and while participating in the MOVE UP Program will be treated as privileged and confidential. It will not be released or revealed to any persons without your written consent. The information obtained may be used for statistical analysis or scientific purpose with your right to privacy retained.

Inquiries or any questions relating to MOVE UP are welcome. If you have any questions or problems, please ask a staff member for explanation or assistance.

Freedom of Consent Permission for your participation is voluntary. You may withdraw at any point during the program without prejudice.

PLEASE READ THE FOLLOWING STATEMENT, AND SIGN IN THE SPACE PROVIDED TO INDICATE YOUR CONSENT:

I agree that Northern Michigan University and its employees shall incur no liability as a result of my participation in this program and I hereby release them from and agree to hold them harmless for any and all such liability.

I acknowledge that I have read this form in its entirety or it has been read to me and that I understand the MOVE UP Adult Fitness Program in which I will be engaged. I accept the rules and regulations set forth. I consent to participate in the MOVE UP Program.

_____ Signature

_____ Date

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