



EMPLOYEE WELLNESS PROGRAM
Division of Kinesiology and Health Science
(657) 278-4404 / Fax (657) 278-5317

Informed Consent Form Exercise Class

Name _____

Department / Unit _____

Campus Address _____

E-mail Address _____

Campus Phone _____

1. Purpose and Explanation of the Class

The Strength and Conditioning Class / Women's Workout Class meets for one hour, twice per week in the Lifespan Wellness Center. The emphasis of the class is on strength training and aerobic conditioning. You may choose your own activities under the recommendation and supervision of the EWP staff. The selection of exercises and the intensity of the strength training and the aerobic conditioning must be appropriate based on your health history and current level of fitness.

2. Attendant Risk and Discomforts

There are inherent risks associated with strength training, aerobic conditioning and other forms of physical activity. Strength training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, and other discomforts. Strength training should be modified or postponed if joint injury is present or if pain or symptoms persist. Aerobic conditioning may result in fast or slow irregular heart rhythm, abnormal blood pressure changes, light headedness, dizziness, fainting, chest pain, and other discomforts. Any type of physical activity may in rare instances lead to heart attack, stroke or death, but this is unusual, especially in participants free of known coronary heart disease (CHD), free of any signs or symptoms of CHD, and with few major risk factors of CHD. All EWP staff are trained in basic cardiac life support (CPR) and are trained to watch for any signs or symptoms associated with a poor exercise response.

3. Responsibilities of the Participant

To promote the safety and benefit of your participation in the Strength and Conditioning Class / Women's Workout Class, it is important that you fully disclose your personal health history, any medications you are taking, and any symptoms you may be experiencing during exercise. Such symptoms would include joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. It is also important that you adhere to the recommendations of the EWP staff especially with regard to the choice and intensity of exercises you perform. You should not exceed the recommended exercise intensity (as measured by weight lifted or exercise heart rate) and you should not exercise when you are injured, sick or not otherwise feeling well.

4. Benefits to be Expected

It is expected that you will see benefits as a result of regular and consistent participation in the class. Strength training typically results in numerous physical benefits (including improved muscle strength, increased muscle mass and increased bone density) and possibly in an improvement in physical tasks associated with work, recreation and every day life. Aerobic conditioning typically results in health benefits (including improved body composition, reduced blood pressure and reduced risk of CHD) and possibly in changes associated with improved exercise performance (including increased aerobic capacity, improved heart and lung function and improved circulation).

5. Inquiries

An important part of the informed consent process is providing you the opportunity to inquire about any aspect of the Strength and Conditioning Class / Women’s Workout Class. If you have any questions or concerns about the class, please feel free to ask any member of the EWP staff.

6. Use of Medical Records and Information

Any information gathered in conjunction with the class (such as health history information, signs or symptoms of disease, risk of disease, exercise risk, blood pressure, body composition, aerobic fitness, instances of joint pain, chest pain, light headedness or dizziness, etc.) will be kept confidential to the extent provided by law. You will be encouraged to allow us to share this information with your physician or primary care provider in an attempt to diagnose or treat a current disease or reduce your risk of developing a more serious medical condition. No identifiable information will be released or revealed to any other party without your written consent. You may be asked, however, to allow certain information (from which your identity is removed) to be used for statistical analysis or research purposes.

7. Freedom of Consent

I agree to voluntarily participate in the Strength and Conditioning Class / Women’s Workout Class. I understand that I am free to deny consent if I so desire now or at any point in the program.

Please Read the Following Statements Carefully and Initial

Initial

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Strength and Conditioning / Women’s Workout Class in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in the Strength and Conditioning / Women’s Workout Class.

If I am accidentally injured during the Strength and Conditioning / Women’s Workout Class, the EWP staff will offer immediate first aid (if needed) but will be unable to provide treatment. If injured, I will be responsible to seek treatment with my own physician or primary care provider.

Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against California State University, Fullerton and all Employee Wellness Program staff for injury or damage that I might incur during participation in the Strength and Conditioning / Women’s Workout Class.

Signature

Date

Please return this form when completed and signed to:

**Employee Wellness Program
KHS-121**