

Mt. San Antonio College Exercise Science/Wellness Center

**Informed Consent For Activity Participation/Fitness Testing**

Thank you for choosing to use the facilities, services and programs of the Mt. San Antonio College Exercise Science/Wellness Center (ESWC). We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_, declare that I intent to use some or all of the activities, facilities, programs, and/or services offered by the Mt. San Antonio College ESWC and understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, facilities, programs, and services offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the Mt. San Antonio College ES/WC brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I recognize that by participating in the activities, facilities, services and programs offered by the Mt. San Antonio College ESWC, I may experience potential health risks such as transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about activities, facilities, programs and services offered by the Mt. San Antonio College ESWC at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_