

INFORMED CONSENT

As a participant in the Triple A program I, _____
acknowledge that I will be required to actively participate in an exercise
program that includes but is not limited to:

1. Assessment of resting blood pressure
2. Anthropometric measurements such as height, weight and waist circumference
3. Aerobic Fitness Testing: 6 minute walking test
4. Musculoskeletal Strength and Endurance Tests: grip strength, sit to stand, arm curl, up and go and back scratch
5. Exercise Training: two sessions per week of aerobic, strength and flexibility training
6. A medical history and pre-screening questionnaires

I further acknowledge that:

1. All testers and trainers are trained and certified in first aid and basic CPR.
2. There are potential risks associated with exercise; i.e. episodes of transient lightheadedness, fainting, chest discomfort, leg cramps and nausea, and that I assume willingly those risks.
3. There are potential benefits of participating in this study; improved cardiovascular fitness, increased strength, overall improvement in health and wellness.
4. I will be allowed to use any prescribed medication during the testing and training.
5. I am obligated to immediately notify the staff of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after the testing or training sessions.
6. I may stop or delay the testing and training if I so desire and that the testing and training may be terminated by the appraiser upon observation of any symptoms of distress or abnormal response.
7. I may ask questions or request further information about the procedures at any time before, during and after the testing and training, and I have the right to refuse to answer any questions being asked.
8. The information collected over the course of this program *may* be used for data analysis. The data will be kept confidential, and confidentiality will be provided to the fullest extent possible by law.
9. Data will be stored in a secure space on the Acadia University campus.

The data collected from the fitness assessments and the exercise program can provide meaningful information on the improvements in health through physical activity programming in older adults. We may be able to use this data in the future when applying for funds for similar programs or for publication in peer-reviewed journals. Please let us know if you give us permission to use your data in the future. As mentioned above, your data will remain anonymous and your confidentiality will be protected.

- My data can be used in the future for research purposes.
 Please do not use my data for future research purposes.

- I would like to receive information on future physical activity and exercise programs.
 I do not wish to receive information on future physical activity and exercise programs.

I have read, understood, and completed the Physical Activity Readiness Questionnaire.

Name of Participant

Signature of Participant

Date

Signature of Witness

Date