

CINCINNATI STATE HEALTH & FITNESS TECHNOLOGY

Informed Consent

1. Purpose and Explanation of Program

I hereby consent to voluntarily participate in a class project conducted by Health and Fitness Technology students at Cincinnati State Technical and Community College. The purpose of the class capstone project is to increase the amount of weekly physical activity amongst participants through the delivery of weekly group exercise classes.

I understand that I will be required to complete a pre-activity screening questionnaire to determine if I require medical clearance prior to participation in the program. I understand that I will not be allowed to participate in the program until I return the medical clearance form to Mindy Piles. I have been informed that my participation will involve attending a group exercise class of my choice twice a week for 6 weeks. Each session will last 30 minutes with the expectation that I attend at least 75% of all sessions (9 out of 12 sessions). I will also be required to complete 3 questionnaires that measure levels of physical activity and behavior change and have my resting heart rate measured and recorded by the students. I have been told that the measurements will take place both at the beginning and end of the program.

Student paraprofessionals will provide leadership to direct my activities, monitor my performance and otherwise evaluate my effort. I have been advised that it is my complete right to decrease or stop exercise and that I am responsible to self-monitor and is my obligation to report any unusual symptoms to the student paraprofessionals

2. Risks

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and vary rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by the student paraprofessional and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise program will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities.

4. Confidentiality and use of Information

Every effort will be made to ensure that the information you provide as part of this project remains confidential. Your identity will not be revealed and data will only be used by the class for student learning purposes, including evaluating the effectiveness of the exercise program. While we will ask all group members to keep the information they hear in this group confidential, we cannot guarantee that everyone will do so. All data collected will be securely stored in the private office of Mindy Piles, HFT Program Chair and the data will be destroyed at the end of the semester.

5. Voluntary Participation & Withdrawal

Your participation in this project is completely voluntary. If you agree to participate now and change your mind later, you may withdraw at any time by contacting Mindy Piles, Health and Fitness Program Chair.

6. Inquiries and Freedom of Consent

By signing below, I agree to participate in this project and indicate that you understand the risks and benefits of participation, and that you know what you will be asked to do. My signature attest to the fact that I have read the content and understand it. I acknowledge that I have been given the opportunity to ask questions and they have been answered satisfactorily. I agree to assume the risk of exercise and hold Cincinnati State and its staff harmless of any and all claims, suits, losses, or related courses of action for damages, including claims that may result in injury or death, accidental or otherwise, during, or associated in any way with this program. Please be sure to retain a copy of this form for your records.

Signature: _____ Print Name: _____

Email: _____

Phone number: _____ Year of Birth: _____

Emergency Contact Person: _____

Phone number of emergency contact person: _____

<p>To be completed by HFT Student:</p> <p>Name of Program:</p> <p>Day(s)/Time:</p>
