



Informed Consent Form

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All exercise testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include walking, running and callisthenic exercises performed in either a field or gymnasium setting.

I am aware of the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heart related illness, abnormal heart beats, abnormal blood pressure and in rare instances heart attack.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate and complete medical/health information. Furthermore, it is my responsibility to monitor my individual performance during any activity and to alert the supervising exercise technician of any pain, discomfort or adverse effects that I may experience.

I hereby waive and release the Derry Township Police Department, all of its employees, helpers and assistants and the owner of the location where the testing is held from any and all liability of any nature of injury, damage, or any loss resulting from the testing and expressly assume the risk of such damage, injury or loss while engaged in any testing.

I give informed consent for testing data to be recorded to determine my state of physical readiness as it applies to the essential job functions of a Derry Township Police Officer.

Signature: _____

Print Name: _____

Date: _____

