



## Participant Consent and Release

I have voluntarily enrolled in a program of progressive exercise and understand that I may choose to quit the program at any time. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack which could lead to death. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a voluntary pre-exercise assessment and a voluntary medical screening. If my medical status changes during the program, I will inform the program leader and my health care provider to see if it is safe to proceed with the program. That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the University of Missouri and their trustees, officers, employees, and agents, as well as the following implementing organizations:

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(host sponsor and site)

from any and all liability, damage, or claim of any nature whatsoever arising out of my participation. I understand and assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment questionnaire is offered and a voluntary physician screening consent form may be completed.

**Returning participant initial if all responses are the same** \_\_\_\_\_ **Date** \_\_\_\_\_

*For instructor use. Valid for one year.*

I acknowledge that if I am participating in this program remotely, there may be no one present or aware if I have a medical emergency while participating. I understand that the program recommends having someone else present at the remote site at which I am participating so that if there is an emergency, that person can get medical help for me. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the program leader and/or my health care provider if I experience any unusual symptoms.

I understand that the benefits to me of participating in this program may include increased strength and, as a result, improved health. I understand that this program will be evaluated for future program improvement and results may be published, but that at no time will my individual results be identifiable in such reports.

I understand that if I have any questions about my involvement in the evaluation of this program, I may contact Sharolyn Jackson, 1007 Throckmorton Hall, 1712 Claflin Rd, Manhattan, KS 66506 Phone: 785-532-2273 or Dr. Lisa Rubin, Chair of Committee on Research Involving Human Subjects, 203 Fairchild Hall Kansas State University, Manhattan, KS 66506. Phone: 785-532-3224 or Kelsey Weitzel, Office of Extension and Engagement Phone: 573-882-2799. Email: [muextsssh@missouri.edu](mailto:muextsssh@missouri.edu)

### PUBLICITY RELEASE

I authorize K-State Research and Extension to record and photograph my image and/or voice for use in research, educational and promotional program. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension.

No, I do not authorize use of my individual image or voice.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_