



READING POLICE ACADEMY



Informed Consent Form

My signature on this form indicates that I have given my informed consent to participate in a total fitness program sponsored by the Reading Police Academy. This Program may consist of any or all of the following activities:

Screening, to include filling out a Health History form and a Preliminary Physical Examination Form SP 8-300C provided.

Exercise testing, to include a 1.5 mile run, 300 meter run, bench press, push-ups and sit-ups.

Exercise Programs which mirror the essential duties of a Police Officer.

The purpose of screening is to ascertain risk for testing. The purpose of testing is to ascertain current level of fitness and to establish a starting point for exercise programming if the minimum entrance standard is attained. The purpose of exercise programming is to provide a vehicle to improve fitness levels, thus improving performance and health.

I understand that trained exercise leaders will supervise all exercise testing sessions and exercise classes. Trained exercise leaders will develop plans for unsupervised training sessions as well.

I understand that in any exercise test or program there is a chance of an unfavorable incident. These incidents may include injury, either orthopedic or heat related; unusual cardiovascular episodes, such as changes in blood pressure or irregular heart beats; and on rare occasions, heart attack. I understand that the staff has been trained to recognize the symptoms of these incidents and to take the appropriate actions, such as first aid and CPR. I further acknowledge my responsibility to immediately report any signs of these conditions to the staff.

I am aware that there is a possibility of soreness after testing or when beginning an exercise program. I agree to follow the directions of the staff regarding proper warm-up and cool-down to minimize this soreness.

I agree that if required I will obtain, at my expense, medical clearance from a qualified physician. I further recognize that any additional medical care required as a result of screening may be my financial responsibility.

I agree to answer all questions on the Health History Form honestly and accurately. I understand the possible consequences of not doing so include reducing the chance of safely completing the testing and exercising programs as well as dismissal from the Reading Police Academy.

By completing the testing and following the exercise program developed for me based on test results, I expect to realize certain benefits. These include improved cardiovascular endurance, muscular strength and endurance, flexibility, and body composition. I realize that these changes will take time and are contingent upon my adherence to the program. Finally, I give my consent for any data gathered during the testing and exercise program to be used for program evaluation and research purposes. I give this consent on the condition that my confidentiality is guaranteed.

I have read and understood this form. I understand my responsibilities and those of the program staff.

Signature

Date

Witness

Date