

Lehigh County Chiefs of Police Association Consortium Test

5 N Main St
Coopersburg, PA 18036

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, weight training, 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, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid.

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 health / medical 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 I may experience.

I hereby waive and release PCPA, its testers, trainers, helpers, and other participants and persons who will be assisting in this testing, whether employees of PCPA or independent contractors or consultants, and the owner of the location where the testing is held, its officers and employees or agents from any and all liability of any nature for injury, damage, or any other 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 Pennsylvania Police Officer.

Signature: _____

Print Name: _____

Date: _____