

I authorize _____ to administer and conduct tests and/or training programs to increase my/ (my child/dependent’s) physical work capacity.

I understand that my (my child/dependent’s) level of activity readiness will be assessed and that, based on the results, an individualized training program may be prescribed. I realize that I / they will be asked to perform exercises with the assistance of muscle stimulation to evaluate my / (my child’s/dependent’s) suitability for joining an FES exercise program and that the data obtained may be used for educational and/or promotional purposes.

I understand that there are potential risks of injury to myself (my child/dependent) involved with any exercise involving muscle stimulation. These risks have been explained to me and I have had full opportunity for discussion of them and have a full appreciation of them. I also understand that at any time during the testing that if I/they experience unusual discomfort I/they may choose to discontinue the exercise.

In consideration of being allowed to utilize _____ for testing and/or training purposes, , I do hereby for myself, my heirs, executors, administrators, successors and assigns, release, forever discharge and waive _____ their employees or agents of either from any and all action, causes of action, claims and demands for upon or by reason of any damage, loss or injury to person and property which hereafter may be sustained in consequences of my (my child/dependent’s) utilization of, and participation in testing or training conducted by _____.

I have read this form and understand the testing and training program in which I/ (my child/dependent) will be engaged. I consent to participate in this testing or training session(s).

Signature of Participant (if over Age 18)

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

Protection of Privacy -The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of administering the program waiver process. Questions concerning the collection, use and disposal of this information should be directed to _____

