



LACTATE THRESHOLD TESTING WAIVER

Please read through the general information for the Lactate Threshold Testing Waiver Form. Once you have read each section please initial acknowledging that you have read that specific area. Once you understand the test procedure, please sign, print your name, and enter the date.

•**Exercise Test Explanation:** I will be performing a NON-Maximal effort exercise test on my bike or a motor driven treadmill. The work levels will begin at a low intensity and will gradually increase until Lactate Threshold is detected. The test will be performed for approximately 45 minutes in length. A blood sample extracted from my finger will be taken at regular intervals to determine Blood Lactate concentration levels throughout the test (approx 6-10). At any time during the test I can request to stop the test should I experience fatigue, shortness of breath, dizziness, chest pain or any feelings of discomfort. The test may also be stopped on the advice of the tester.

_____ (initial)

•**Risks and Discomfort:** There is some risk involved with performing and exercise test. Certain changes can occur in response to exercise including abnormal blood pressure changes, dizziness, myocardial infarction, stroke or death. Every effort will be made to minimize these risks.

_____ (initial)

•**Athlete Responsibilities:** Since information pertaining to my health status, previous health history or previous experiences with higher intensity physical effort or testing may affect the safety of the exercise test, I have a responsibility to fully disclose such information to the staff and will ensure that I complete the health questionnaire to the best of my ability.

_____ (initial)

•**Consent:** I have asked the test administrator any questions that I have pertaining to this test and I understand that performing this test is completely voluntary and I am able to stop the test at any point in time. I hereby attest that I am in good health and a licensed medical doctor has released me to participate in strenuous physical activity and testing and has verified my physical condition.

_____ (initial)

•**Waiver of EKG:** (only for males > 44 and females > 54 years of age) I understand that a EKG test will NOT be conducted and there will NOT be a physician on site during my test. I have provided, in writing, a signed consent form from my physician stating that he/she is aware that I am performing an exercise test, that there will be no physician present, that there is no contraindication to intense exercise, and that there will not be EKG monitoring during this test.

_____ (initial)

I have read and understand the test procedure that will be performed as well as the associated risks and discomforts. I agree to Participate in this testing.

Participant signature

Participant name (print)

Date