

Adult risk acknowledgment and limited release

REVIEW DRAFT - DO NOT SIGN OR USE FOR CLIENT TESTING

Pennsylvania attorney review required; not an enforceability opinion

COUNSEL REVIEW DRAFT. This document contains proposed language affecting legal rights. Do not use or sign it until Pennsylvania counsel and the insurer have reviewed the exact service and contracting party. No claim of enforceability is made.

Participant name or agreed record ID

Assessment date / record date (YYYY-MM-DD)

Provider: confirmed legal contracting name (complete before approved use)

Explaining professional / operator name and role

Session location and proposed activity

Provider: exact agreed activities, equipment and session scope

Voluntary participation and identified risks

I am an adult voluntarily considering the described endurance-performance assessment. It may include incremental cycling or running and, only under separate informed consent, capillary finger sampling using Nova Lactate Plus. Risks include exertion, fatigue, dizziness, nausea, falls, strain, equipment or environmental hazards, worsening of an existing condition, and rare serious medical events including cardiac events, stroke or death. Sampling may cause pain, bleeding, bruising, skin irritation, infection or fainting.

I may decline an activity or sample and may ask to stop at any time. A risk acknowledgment does not permit unsafe practices, substitute for screening or informed consent, or relieve the provider of obligations that cannot lawfully be released. This is nonmedical performance testing, not diagnosis, treatment or a promise of health or performance outcomes.

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Proposed limited release for counsel review

RELEASE OF CLAIMS FOR THE PROVIDER'S ORDINARY NEGLIGENCE

To the extent permitted by Pennsylvania law, I release only the provider identified in this document from claims for my personal injury or property damage caused by that provider's ordinary negligence in conducting the specifically described session. This includes ordinary negligence in the conduct of the agreed exercise assessment and, only if separately consented to, the agreed finger-sampling procedure.

This proposed release does not apply to gross negligence, recklessness, willful or intentional misconduct, or any conduct or claim that cannot lawfully be released. It does not authorize unlicensed or otherwise unlawful activity. It does not release unidentified parties, grant permission to disclose my health records, or substitute for the separate informed-consent process.

No indemnity obligation, mandatory arbitration, forum selection, medical-treatment authorization or release on behalf of another person is included. Counsel must determine whether any release is appropriate for this service; recreational-sports decisions do not settle the treatment of blood sampling or this assessment.

☐ Adult participant: I confirm I am at least 18 years old.

☐ I have read the approved document, including the separate ordinary-negligence release, and had an opportunity to ask questions.

Questions or clarification requested before any approved agreement

Signature spaces are review placeholders. Do not sign this draft. Typed names are not authenticated or cryptographic signatures. An approved signing and identity-verification process must be chosen before use.

Participant signature placeholder - review only

Participant date placeholder

Explaining professional / reviewer signature placeholder

Professional / reviewer date placeholder