

Exercise and finger-sampling consent

REVIEW DRAFT - DO NOT SIGN OR USE FOR CLIENT TESTING

Adult informed-consent discussion; separate from liability release

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

Purpose and proposed procedure

The proposed session provides fitness and endurance-training information, not medical diagnosis, treatment or clearance. An agreed cycling or running workload may increase in stages, with warm-up, sampling pauses where applicable, and supervised recovery. Results may be uncertain and do not guarantee improved performance or detection of a health condition.

Provider: actual sport/protocol, intensity range, duration, pauses and recovery arrangements

If separately selected below, a competent, authorized operator will use a new single-use safety lancet to obtain a small capillary blood sample from a finger and measure lactate with Nova Lactate Plus. This form does not authorize earlobe sampling. The exact model instructions, permitted use and operator requirements must be confirmed first.

Provider: proposed sampling schedule, likely number of samples and operator

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Risks, alternatives and stopping

Exercise may cause fatigue, shortness of breath, nausea, muscle soreness, strain, falls or aggravation of an existing condition. Rare serious events can include abnormal heart rhythms, heart attack, stroke or death. Finger sampling may cause pain, bleeding, bruising, irritation, infection, light-headedness or fainting. A failed sample may require another puncture only with the participant's agreement. These risks cannot all be eliminated.

No ECG monitoring, medical staffing or onsite medical treatment is promised by this form. The provider must explain the actual safety arrangements and their limits, including how emergency services would be contacted. A lack of medical monitoring does not remove the duty to arrange appropriate safety measures.

Provider: actual trained responders, emergency plan and limitations explained

Participation is voluntary. You may decline the assessment, any stage or any sample, request a pause, or stop. Do not continue because you feel pressured to complete a protocol. Report chest discomfort, faintness, unusual breathlessness, loss of coordination, severe pain or any concern immediately. The operator may also stop for safety or unreliable equipment/data.

Alternatives include no assessment, a separately agreed lower-intensity coaching session, exercise without lactate sampling if suitable, or discussion with a qualified healthcare professional. Declining a sample means that stage will have no blood-lactate result. No additional penalty is imposed for asking to stop; any agreed appointment charges or cancellation terms must be explained separately before consent.

Questions, individual concerns, alternatives and answers discussed

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Separate choices and acknowledgment

This consent does not release legal claims or authorize marketing, photographs, testimonials, public posting or third-party data sharing. Explain necessary record handling through the separate privacy notice and any optional sharing authorization before approved use.

☐ I am at least 18 years old and have had the opportunity to ask questions.

Exercise assessment choice (no default)

☐ Agree to described exercise

☐ Decline exercise assessment

Optional finger-sampling choice (no default)

☐ Agree to described finger sampling

☐ Decline finger sampling

☐ The procedure, material risks, alternatives and stopping arrangements were explained in a way I understand.

☐ I have been offered a copy of the completed approved documents.

Interpreter/support person, if used, and role (optional)

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

The provider must confirm valid exercise consent before exercise and valid sampling consent before sampling. Neither consent substitutes for screening, competence, insurance, facility permission or legal authorization.