



INFORMED CONSENT TO PARTICIPATE

FIT TO SERVE PERFORMANCE GROUP INC.

Participant Name		Date	
Activity / Test		Location	

1. NATURE AND PURPOSE OF PARTICIPATION

I understand that I am voluntarily participating in a physical activity, fitness test, occupational assessment, workshop, training session, demonstration or related activity administered, facilitated or supervised by Fit To Serve Performance Group Inc. ("Fit To Serve"). I understand that the purpose, procedures, expectations and physical demands of the activity identified above have been, or will be, explained to me before I begin, and that I may ask questions at any time.

2. PHYSICAL DEMANDS AND EXPECTED RESPONSES

I understand that participation may involve vigorous or maximal physical exertion and may include cardiovascular, strength, endurance, agility, lifting, carrying, pushing, pulling, running, obstacle-course or other occupationally relevant tasks. I understand that normal responses to exertion may include increased heart rate, breathing rate and blood pressure, sweating, fatigue and muscular exertion. I also understand that unusual or concerning symptoms may occur and must be reported immediately.

3. PRE-PARTICIPATION HEALTH SCREENING

I confirm that I have completed all health/readiness screening required by Fit To Serve and/or the applicable testing protocol truthfully and completely. I agree to disclose any relevant change in my health, injury status, symptoms or medical circumstances occurring after completion of that screening and before or during participation. I understand that the health-screening process is used to support participation decisions and does not constitute a medical diagnosis or guarantee that participation is without risk.

4. SYMPTOMS, SAFETY AND RIGHT TO STOP

I agree to immediately notify Fit To Serve personnel if I experience pain, chest discomfort, dizziness, faintness, unusual shortness of breath, unusual fatigue, injury, illness or any other symptom or concern that may affect safe participation. I understand that I may voluntarily stop or withdraw from the activity at any time. I also understand that Fit To Serve personnel may stop, postpone or modify my participation where they reasonably believe that continuing may present a safety concern or where applicable screening or testing requirements are not satisfied.

5. QUESTIONS AND VOLUNTARY CONSENT

I acknowledge that I have had the opportunity to receive an explanation of the activity, its procedures and expectations, and to ask questions before participating. I understand that participation is voluntary. By signing below, I confirm that I understand the information provided to me and voluntarily consent to participate in the activity identified above.

IMPORTANT: This Informed Consent addresses understanding and voluntary participation. It does not replace the required pre-participation health screening or the separate Fit To Serve Waiver, Release and Indemnity Agreement. Authorization to release test results to a third party, when required, is handled separately.

PARTICIPANT DECLARATION

I HAVE READ AND UNDERSTAND THIS INFORMED CONSENT, HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, AND VOLUNTARILY CONSENT TO PARTICIPATE.

Participant Signature		Printed Name	
Date		Fit To Serve Administrator / Witness	

PARENT / LEGAL GUARDIAN CONSENT (if participant is under the age of majority applicable to the activity): I confirm that I am authorized to consent for the participant and consent to their participation on the terms described above.

Parent/Guardian Name		Signature / Date	
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