



*California State University, Fullerton*

**NeuroFit**

**PARTICIPANT CONSENT FORM**

The Center for Successful Aging (CSA) is housed within the Kinesiology and Health Science (KHS) building at California State University, Fullerton (CSUF). The Director of the Center is Koren Fisher, Ph.D. Through the Center's educational, research, and service activities, it has as its mission the promotion of health, vitality, and well-being across the lifespan. The NeuroFit class is taught in the Lifespan Wellness Center in the KHS building by trained graduate students or graduates of the Gerokinesiology program at CSUF.

I understand that:

- (a) The purpose of the fitness class is to train students and to study factors related to healthy aging. The neurofit class will meet for 12 weeks (twice/week for 75 minutes). Each class will be instructed by trained personnel/students with extensive education and experience in exercise science and aging. This multicomponent exercise class combines circuit-based aerobic endurance and functional strength training with neuromotor fitness activities that focus on agility, coordination, and problem-solving.
- (b) Prior to starting the training program, it will be necessary to obtain a medical clearance and to complete a medical activity questionnaire. In addition, my participation in a series of functional fitness assessments necessary to help individualize my exercises and provide a safe and effective program. Participation in the class is completely voluntary, and participants are free to discontinue participation at any time.
- (c) Because a longitudinal study is being conducted, it is necessary to connect my name with assessment scores and questionnaire information, however, the codes will be kept confidential.
- (d) The risks associated with the classes are minimal but the exercises performed may cause some acute and delayed muscle soreness and physical fatigue. If

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participants experience any physical discomfort (chest pain, leg pain, muscular discomfort, etc.) during the class they should immediately inform the class supervisor.

- (e) If I am accidentally injured during the classes, I understand that the class instructor will offer immediate first aid (if needed), but will be unable to offer me treatment. If injured, I will be responsible to seek treatment with my own physician.

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

I have read the full content of this document. I understand my involvement as a participant and the physical risks I may encounter. I understand that I may ask any questions before I sign this document. My signature below indicates I freely consent to participate in the program.

Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against California State University, Fullerton and all testing and training personnel for injury of damage that I might incur during participation in the senior fitness class.

*Participants Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness Signature* \_\_\_\_\_ *Date* \_\_\_\_\_