



INFORMED CONSENT FORM

Name: _____

Age: _____

DOB: _____

The full details of the test below have been explained to me. I have read and understand the procedures involved and I am clear about what will be involved. I am aware of the purpose of the tests, the potential benefits and the potential risks/side effects.

NON-INVASIVE LACTATE THRESHOLD TEST

Any questions I have about the tests or my participation have been answered to my full satisfaction.

I know that I am not obligated to complete tests. I am free to stop the test at any point and for any reason.

The test results are confidential and will not be shared with others without my advanced consent.

I have no injury, illness or condition that will affect my ability to successfully complete the tests.

Athlete Signature

Date

