**INFORMATION FOR PARTICIPANTS PRIOR TO THEIR SHUTTLE RUN ASSESSMENT DATE**

In preparation for assessment, participants should be aware of the following:

* Arrival Time: Arrive at the assessment site at least 30 minutes prior to your appointment to allow your blood pressure to return to the resting level. You will complete a “Performance Declaration” with your appraiser on the day of your assessment
* Bring with you: Please bring your completed PAR-Q+, (and if required, the directive from the on-line ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com)) (Warburton et al 2015) You also need to bring your Participation Consent for PREP Assessment, as well as your Release, Waiver and Indemnity form. You will need to bring government issued photo identification
* Exercise Attire: Please attend wearing your exercise clothing
* Smoking: Do not smoke for two hours prior to you test
* Food and Beverages: Do not eat a large meal at least 2 hours prior to the assessment. Refrain from drinking caffeinated beverages 6 hours before the assessment and alcoholic beverages 24 hours before the assessment
* Exercise: Do not exercise vigorously in the 24 hours prior to the assessment
* Be advised that if you give any untruthful or misleading answers when completing the required forms, you may be found unsuitable for employment you could face disciplinary action or even dismissal

YORK REGIONAL POLICE

*UNIFORM RECRUITING UNIT:*

PARTICIPANT CONSENT FOR THE *SHUTTLE RUN* ASSESSMENT

I, undersigned, do hereby acknowledge:

1. My consent to the assessments being supervised by a Qualified Exercise Professional who has been trained to administer these fitness assessment protocols;
2. My understanding that I may ask questions or request further information or explanation about the assessment;
3. My understanding that there exists the possibility of certain changes occurring during and after my performance of the fitness assessments including abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and, in rare instances, heart attacks or heart rhythm disturbances;
4. My obligation to immediately inform the fitness appraiser of any unusual pain, discomfort, fatigue or any other symptoms that I incur during or after the assessment;
5. My understanding that I may stop any further assessments if I so desire and also that the assessment may be terminated by the fitness appraiser upon his/her observation of any symptoms of distress or abnormal response;
6. That if I am over 45 years of age AND not accustomed to regular strenuous (vigorous) exercise, I have been cleared for participation in the fitness assessment by a Qualified Exercise Professional with advanced university specialized training in applied physical activity/exercise sciences or by my physician who completed the clearance form from the ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com) for that purpose;
7. That I do not have two or more of the following coronary risk factors, or If I do, I have received clearance (ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com)) before reporting to participate in the shuttle run; a family history of myocardial infarction or sudden dead before 55 years of age; currently smoke cigarettes; have high blood pressure; have diabetes mellitus; have high blood cholesterol or work in a sedentary occupation and am physically inactive;
8. That I have read, understood and completed the Physical Activity Readiness Questionnaire+ ( PAR-Q+) and my answers to all questions were “No”, or if I answered “Yes” to any question, I was subsequently cleared for participation in the shuttle run by a Qualified Exercise Professional with advanced university specialized training in applied physical activity/exercise sciences or by my physician who completed the referral for that purpose;
9. That I assume all risks associated with normal use of equipment used in the shuttle run.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Participant (Please Print) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Participant | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Witness(Please Print) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Witness | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

YORK REGIONAL POLICE

*UNIFORM RECRUITING UNIT:*

RELEASE, WAIVER AND INDEMNITY FOR THE *SHUTTLE RUN* ASSESSMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am participating in a physical fitness assessment for the position of:

|  |  |
| --- | --- |
|  | Police Constable |
|  | Special Constable |
|  | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I HEREBY FULLY ACCEPT AND ASSUME SUCH RISK and in consideration of undergoing the physical assessment, I for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Region of York, the York Regional Police Service Board and the York Regional Police Service, the York Auxiliary Police Service, the Chief of Police and all their respective agents, officials, servants, contractors, representatives elected and appointed officials, successors and assign OF AND FROM ALL claims, damages, costs, expenses, actions, causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property however caused resulting or alleged to result from the physical fitness assessment, whether prior to, during or subsequent to such an assessment AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNITY all of the aforesaid from and against and all liability incurred by any or all of them arising as a result of, or in any way connected with the physical fitness assessment.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE RELEASE, WAIVER AND INDEMNITY.**

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Surname, Given |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| **Witnessed By:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Surname, Given |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |