Informed Consent for WFX-FIT Testing and Release of Results

I, the undersigned, do hereby acknowledge:

1. my consent to perform a continuous circuit that involves carrying a medium pump on the back for 160 metres (524.9 feet) while traversing a 1.22 metre (4 feet) 35 degree ramp every 20 metres (65.6 feet), carrying a medium pump in the hands 80 metres (262.4 feet) without traversing the ramp, picking up and carrying an Ontario hose pack (containing four lengths of hose) on the back for 1 kilometre (3300 feet) while traversing the ramp every 20 metres (65.6 feet), then dragging a weighted sled 80 metres (262.4 feet) on level ground to simulate advancing charged hose;

2. my consent to the WFX-FIT testing being supervised by a WFX-FIT Appraiser who has been trained to administer the WFX-FIT;

3. my understanding that I may ask questions or request further information or explanations about the WFX-FIT;

4. my understanding that there exists the possibility of certain changes occurring during and after my performance of the fitness tests including abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and in rare instances, heart rhythm disturbances and, in rare occasions, heart attacks;

5. my obligation to immediately inform the WFX-FIT Appraiser of any unusual pain, discomfort, fatigue, or any other symptoms that I incur during or after the testing;

6. my understanding that I may stop any further testing if I so desire and also that the testing may be terminated by the WFX-FIT Appraiser;

7. that I have read, understood and completed the Physical Activity Questionnaire+ (PAR-Q+) and my answers to all questions were negative or if one or more answers were positive, I received clearance from a CSEP-CEP or a health care practitioner;

8. that I have been informed about the tests and standards employed in the WFX-FIT, and direct that the information determined during my assessment on these standards be provided to my designated fire jurisdiction and CIFFC for consideration in the annual evaluation of my ability to safely and effectively respond to a wildland fire within my fire jurisdiction or for exchange to other fire jurisdictions.

Name of Participant (Print)	Signature of Participant	Date

Name of Witness (Print)	Signature of Witness	Date

Designated Fire Jurisdiction