



California State University, Fullerton

Deep H2O Power Hour

PARTICIPANT CONSENT FORM

The Center for Successful Aging (CSA) is housed within the new Kinesiology and Health Science (KHS) building at California State University, Fullerton. The Director of the Center is Debra Rose, Ph.D. Through the Center's educational, research, and service activities, it has as its mission the promotion of health, vitality, and well being in later years. The aquatic balance and mobility class is taught in the Movement Enhancement Lab (MEL) (formerly the Lifespan Wellness Clinic) in the Ruby Gerontology Center by Dr. Rose, with assistance from trained graduate and undergraduate students in the Division of Kinesiology and Health Promotion.

I understand that:

- (a) the purpose of this specialized physical activity class is to (i) train undergraduate and graduate students in the Division of Kinesiology and Health Promotion who are interested in working with older adults in physical activity and rehabilitation settings and (ii) study the effectiveness of an intervention designed to reduce the risk factors associated with falls and fall incidence rates and/or injuries.
- (b) The level of intensity of the program is based on the individual capabilities of each participant. The class meets twice per week for 60 minutes over an 8-week period. Each class will be instructed by a trained supervisor with extensive education and experience in exercise science and aging. The class will use the natural properties of water to gain increases in aerobic, strength, and flexibility. The class format will consist of a 10-minute warm-up, followed by 40-minutes of exercises in the water including aerobic, strength, flexibility/mobility training, and conclude with a 5-minute cool-down.

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- (c) Prior to starting this exercise class, it will be necessary to obtain a medical clearance and to complete a health and physical activity questionnaire. In addition, I will be required to complete a comprehensive balance assessment in order to determine my starting level in the class and to individualize my exercises to maximize my safety throughout the program. Participation in this class is voluntary, and I am free to discontinue participation at any time without explanation.
- (d) Because the CSA is currently conducting a longitudinal study investigating the role of different types of physical activity on functional status, level of disability, and prevention of falls among older adults, it is necessary to connect my name with all assessment scores and the completed health/activity questionnaire. Although the information obtained will be coded such that identification is possible, all data files will be maintained in a secured storage area.
- (e) The risks associated with the classes are minimal but the exercises performed may cause some acute and delayed muscle soreness and physical fatigue. If participants experience any physical discomfort (chest pain, leg pain, muscular discomfort, etc.) during the class they should immediately inform the class supervisor.
- (f) If I am accidentally injured during any of 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 from 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 or damage that I might incur during participation in the balance and mobility class.

Participants Signature _____ *Date* _____

Witness Signature _____ *Date* _____