

AMERICAN ATHLETIC INSTITUTE
PHYSIOLOGICAL TESTING WAIVER

I give permission and release all claims and liability against John Underwood, the American Athletic Institute and its' staff, in connection with my agreement to be tested and to have blood samples taken by fingertip method, for the purpose of lactate analysis to determine training intensities. I also understand that the nature of physiological testing requires me to reach exercise intensities that are near maximal limits. I am in sufficient health and condition, to partake in this testing and I have no known medical problems that would cause a life threatening status. I take this test of my own volition. I give permission for the results of my test to be used for research/educational purposes.

Name _____

Signature _____

Parent Signature for Minor _____

Date _____

If you want to have finger prick blood lactate samples taken to determine your training intensities you must fill out this form and have a parent sign it. This will be an additional \$20.00 payable at the time of registration.

John Underwood