Consent: lactate test

Voluntary participation, risk acknowledgment and liability

Name: ..... Date of birth: .....

Test date: ..... Provider: Harald Schneider / hs-hardlooptrainer

1. What does the test involve?

I participate in a running test with progressively increasing effort: 800-meter repetitions or a Zoladz test with six-minute stages. The procedure, recovery breaks and effort are discussed with me beforehand. After stages, a small blood sample is taken by finger prick to measure lactate. Time/distance and heart rate are recorded.

2. Purpose and limits of the result

The test provides calculated threshold guidelines, training zones and training advice based on my measurements. It is not a sports medical examination, medical diagnosis or confirmation that I am medically fit to exercise. Calculated guidelines are not exact, individually established physiological limits. No particular training or race result is guaranteed.

3. Risks and my own contribution

I understand that exertion may cause fatigue, muscle discomfort, overuse, dizziness or fainting. Serious complications cannot be completely ruled out. A finger prick may cause pain, bruising, continued bleeding or infection. Careful practice reduces risks but does not eliminate them.

I have answered the health questions truthfully and as fully as possible. I report changes in health or medication before the start. If in doubt, I ask for discussion beforehand. During the test, I report symptoms immediately and follow safety instructions.

4. Voluntary participation and stopping

My participation and consent to finger pricks are voluntary. I may ask questions, refuse a blood sample and stop at any time. The provider may interrupt or end the test for safety reasons. I do not have to run an additional repetition to reach a particular measurement.

5. Liability and own risk

I understand the risks described above and choose to participate voluntarily. Acknowledging these risks does not constitute a general waiver of compensation rights. hs-hardlooptrainer is not liable for damage that cannot legally be attributed to the provider. Liability that may not lawfully be excluded is not excluded. My legal rights and the provider's responsibility to perform the service with due care remain unaffected.

6. My consent

[ ] I have read and understood this information, had the opportunity to ask questions and received sufficient answers. I consent to the running test discussed and the associated blood samples by finger prick.

This declaration does not authorize publication, marketing or disclosure to other coaches. Information about processing of health and measurement data and any consent required for that processing are handled separately.

Place and date: .....

Participant signature: ..... Provider signature: .....

Bring this form and the health questionnaire. Both are discussed before the start. You may receive a copy of this signed declaration.

Preparation draft - to be legally reviewed before use, as indicated in the Dutch source.