VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants

LIFT: Lifelong Improvements through Fitness Together

Investigator(s): Samantha Harden harden.samantha@vt.edu

Purpose:
You are being asked to take part in a research study of how group dynamics influences physical activity adherence and compliance along with improving your function fitness. We are asking you to take part because you expressed interest with your local delivery personnel and meet the inclusion criteria (older, sedentary adults in adequate health to perform physical activity). Please read this form carefully and ask any questions you may have before agreeing to take part in this study.

Procedures:
If you agree to this study, we will offer the LIFT program via Zoom. If you need assistance with Zoom, you can view the Zoom quick start guide: https://support.zoom.us/hc/en-us/articles/360034967471-Quick-start-guide-for-new-users, or request a Zoom consultation with your instructor. You will complete all pre-program materials online including physical activity readiness questionnaire plus, assessment of physical activity, social connection, and health behaviors. You will also be asked to attend 16, one-hour sessions (2x/weekly), and complete two additional, concise surveys (post-program, and 6-month follow-up). The instructor will coordinate all surveys and scheduling with you over the phone or email (your preference).

Risks and Benefits:
When participating in any exercise or exercise program, there is the possibility of physical injury or feelings of soreness. If at any point during my workout you begin to feel faint, dizzy, or have physical discomfort, you will stop immediately and notify the instructor. By agreeing to participate in this research study, you are aware of your health and ability to engage in strength-training exercises. If you are unsure of your health and ability, it is your responsibility to seek approval from your primary care physician before joining this program. Benefits of participating in physical activity may include, but are not limited to: Reduction of chronic disease, improvements in the management of chronic disease, and improvements in sleep, mood, appetite, and stress management. However, no promise or guarantee of benefits has been made to encourage you to participate.

Compensation:
You will not be compensated for your participation in this research study.

Confidentiality
I understand that by participating in this program, some evaluation data may be collected and used for manuscript publication and conference presentation. All of the data used in these research capacities will be de-identified (i.e., not contain any information that identifies me as a person). The Virginia Tech (VT) Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

Freedom to Withdraw:
I understand that by participating in this program, I do so at my own risk, am voluntarily participating in these activities, assume all risk of injury to myself, and agree to release and discharge delivery personnel from any and all claims or causes of action. I understand that I may stop engaging in the program whenever I so choose. I am free not to answer any questions that I choose, or respond to what is being asked of me without penalty. Please note that there may be circumstances under which the investigator may determine that a subject should not continue as a subject.

Questions:
Should you have any questions about this study, you may contact one of the research investigators whose contact information is included at the beginning of this document.

Should you have any questions or concerns about the study's conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact the Virginia Tech Institutional Review Board at irb@vt.edu or (540) 231-3732.

Please click HERE to download this document for your records.

Consent:

By signing this form, you are indicating that you have read and understood the research description provided, are fully aware of what will be asked of you and that you agree to take part in this study.

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

Name: _____
Date: _____
Person Witnessing Consent: _____