Project title: Effect of wheelchair-modified rowing exercise on cardiometabolic risk factors in spinal cord injured wheelchair users

## Informed Consent to Participation in a Health Scientific Research Project

Title of the research project: Effect of wheelchair-modified rowing exercise on cardiometabolic risk factors in spinal cord injured wheelchair users

## **Declaration by the Volunteer**

Name of the Volunteer:

I have received information about the research project both in writing and orally, and I have sufficient knowledge of the objective, method, advantages and disadvantages to confirm my participation.

I know that <u>participation is voluntary</u> and that I can always withdraw my consent without losing my present or future rights to treatment.

I hereby give my consent to participation in the research project and to taking out samples of my biological material for storage in a research bio-bank. I have received a copy of this form and of all written information about the project for my own use.

| Date: Signature:   |
|--|
| If new, significant health information appears during the research project, you will be informed. If you wish to <b>decline</b> receipt of this information, please tick here: |
| Would you like to be informed of the results of the research project and of the consequences for you, if any?  |
| Yes No (tick the appropriate field)  |
| Declaration by the Person giving Information   |
| I hereby declare that the Volunteer has received information both in writing and orally about the research project.  |
| I believe that the information given is sufficient for making a decision on participation in the research project.   |
| Name of the person giving the information:   |
| Date: Signature:   |
| Project identification: N-20190053   |