

CONSENT FORM

Title of project: Camel Milk Impact on Aerobic Exercise Recovery, Induced Inflammation, and Physical Performance

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Names of researchers:

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- 1 I confirm that I have read and understand the information sheet dated October 6, 2023, for the above study and have had the opportunity to ask questions.
- 2 I understand that my participation is voluntary and that I am free to withdraw
- 3 I understand that if I withdraw from the study, it will not adversely affect my healthcare or employment
- 4 I understand that my data will be kept confidential and in a safe place
- 5 I agree to take part in the above study

Name of patient	Date	Signature
Name of person taking consent	Date	Signature
Name of witness (if subject unable to read/write)	Date	Signature
Name of parent/guardian/next of kin (where subject unable to give consent due to age)	Date	Signature