

INFORMED VOLUNTARY CONSENT FORM

Dear Participant,

You are invited to participate in a research study titled “*The Effect of an 8-Week TRX Exercise Program on Bowel Habits in Swimmers*” conducted by Lecturer Dr. Yağmur YILDIZ and Lecturer Dr. Ayşe Nur KAHVE.

Before deciding whether to participate in this study, it is important that you understand why the research is being conducted and how it will be carried out. Therefore, it is essential that you read and fully understand this form. If there is anything that is unclear or if you would like more information, please feel free to ask us.

Participation in this study is entirely voluntary. You have the right not to participate or to withdraw from the study at any time after joining. This decision will not result in any penalty or loss of benefits to which you are otherwise entitled. The results of the research will be used solely for scientific purposes. Additionally, no fee will be requested from you or your affiliated social security institution within the scope of this research.

All your personal and medical information will be kept confidential. Even if the study is published, your identity will not be disclosed.

Information About the Study

Expected Number of Participants/Volunteers: 30 male swimmer athletes aged 9–13 years

Ethical Approval Date: 24.04.2025

Location of the Study: Aksaray Province

If any development occurs during the study that may concern you, you or your legal representative will be informed immediately. For additional information about the study or in case of any problems, adverse effects, or other concerns, you may contact the principal investigator, Yağmur YILDIZ.

Consent to Participate in the Research

I have read the information that must be provided to the participant/volunteer before the study described above. I understand the purpose, scope, and my responsibilities as a voluntary participant in this research. The necessary written and verbal explanations regarding the study have been provided to me by the above-mentioned researchers. I had the opportunity to ask questions and discuss the study, and I received satisfactory answers. The potential risks and benefits of the study have also been explained to me verbally.

I understand that I am participating voluntarily, that I may withdraw from the study at any time with or without providing a reason, and that I may also be withdrawn from the study by the researcher regardless of my will. I also understand that withdrawing from the study will not negatively affect my current treatment. Under these conditions, I agree to participate in this research of my own free will, without any pressure or coercion.

Participant (in their own handwriting)

Full Name:

Signature: