

Informed consent forms

Participant's Full Name:.....

Age:

Address:

Personal Identification Number (PESEL):

Research Title: **The impact of judo training on physical fitness in individuals with autism spectrum disorder.**

- ☐ I have read the information sheet for participants and I hereby provide my voluntary consent to participate in the research study titled above, including exercise and psychological testing.
- ☐ I confirm that I have been informed of the potential risks associated with the study.
- ☐ I confirm that I have been informed of the potential benefits resulting from the study.
- ☐ I confirm that I have accepted the terms of the civil liability insurance as provided by the lead investigator.
- ☐ I confirm that I consent to the processing of my personal data related to my participation in this study by the individual or entity conducting the research.

Date and Location:
Signature:

Participant's

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Legal Guardian's Signature:

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