

**A Mechanistic Perspective on Post-Activation Performance
Enhancement Responsiveness: A Randomized Controlled
Study of Acute Changes in Muscle Architecture, Contractile
Property Kinetics, and Muscle Excitability**

NCT06982937

15.03.2023

Appendix No. 2

to the Regulations of the Bioethics Committee

PARTICIPANT'S DECLARATION

Surname and first name of the participant: _____

Age: _____

Address: _____

Name and surname of the principal investigator: Artur Terbalyan

Contact phone numbers for the participant: 322075368; 536899973

Study title: Application of modern training methods to optimize selected parameters of anaerobic performance and motor abilities in team sports

I hereby declare that I have been informed by: Artur Terbalyan

1. **1. I have been informed** about the aim of the intended research and the manner in which it will be conducted, and I have had the opportunity to ask the experimenter questions and have received answers to those questions. I understand what the study involves and why my consent is required. I have read the "Information for the Participant," of which I received one copy. I have been informed about the potential

risks associated with the research program. Therefore, I voluntarily consent to undergo the medical experiment.

date and signature of the principal investigator

date and signature of the participant or legal guardian

2. **2. I may refuse consent** to participate in the study or withdraw it at any time—even during the procedures—and this will in no way affect my further treatment.

date and signature of the principal investigator

date and signature of the participant or legal guardian

3. **3. I declare my consent** to the processing of my data to the extent necessary to conduct the study, subject to confidentiality that prevents identification of my person by legal or natural persons other than those named in the protocol as conducting the study.

date and signature of the principal investigator

date and signature of the participant or legal guardian

4. **4. In the information for the patient (participant/volunteer)** I have been informed about the terms of insurance covering any negative consequences of participation in the study and I accept those terms. I was given access to the insurance policy from which they follow.

I have received one copy of the “Participant’s Declaration.”

date and signature of the principal investigator

date and signature of the participant or legal guardian