INFORMED CONSENT *MyBack Exercise*

I, _____*(first and last name).*

- I have read the information sheet provided to me.
- I have been able to ask questions about the study.
- I have received sufficient information about the study.
- I spoke with Francisco Javier García Bustos.
- I understand that my participation is voluntary.
- I will receive a signed and dated copy of this informed consent document.

I understand that I can withdraw from the study:

1) At any time

2) Without having to give explanations

3) Without this affecting my medical care.

I freely consent to participate in the study.

I wish to receive information derived from the research that may be relevant to my health. ☐ Yes ☐ No

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Patient's Name ***Researcher's Name***

Date ***Date***

Patient's Signature ***Researcher's Signature***