CAMAN Human Trial – Participant Consent Form

I have read and understand the study information leaflet related to this research project. The information has been fully explained to me and I have had the opportunity to ask questions, all of which have been addressed to my satisfaction.	☐
I understand that my participation in this study is voluntary, and I have the freedom to withdraw my involvement at any point during this study (without the obligation to provide a rationale for my decision), and/or I am free to withdraw my data at any time before the data is anonymised (4 weeks after data collection) and without my medical care or legal rights being affected.	☐
I agree to have my data analysed together with the data obtained from other participants for this study and future research in the area of carotenoid science.	☐
I am assured that my identity will remain confidential at all times throughout this research study, data analysis, and dissemination.	☐
I understand that researchers involved in this research study within the within the Nutrition Research Centre Ireland (NRCI) will have access to my anonymised data and will follow the data management rules of the university (including general data protection regulations).	☐
I consent to take part in this research study, having been fully informed of the risks and benefits of the study.	☐
I consent to being contacted by researchers as part of this research study.	☐
I consent to photographs and/or video recordings being taken of me and used for research, publication, and presentation purposes, with my identity protected.	☐
I consent to my individual results being shared with my team management and relevant coaching or medical staff, where appropriate, solely for the purposes related to my participation, performance, and welfare.	☐

Participant Name (Block Capitals) **Participant Signature** **Date**

I, the undersigned, have taken the time to fully explain to the above patient the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerns them.

Researcher Name (Block Capitals) **Researcher Signature** **Date**