

# Improving fitness with data

## Consent Form



UNIVERSITAT POLITÈCNICA  
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### Purpose of the Study

I have been informed about the purpose of the study, which is to validate an application that helps athletes understand and improve their physical condition by using data from their training routines.

### Procedures involved

I understand that I will be asked to read and understand the information brochure, sign this consent form, upload the required data, play with the application, and try to recognize the results. Finally, I will participate in a short interview so that the producers of the application can understand my conclusions.

### Risks and benefits

I understand that the potential risks of participating in this study include the risk of obtaining incorrect results and the risk of taking the results of the application too seriously and not achieving the desired objectives. The potential benefits of participating in this study include having an optimal training routine and improving my physical performance.

### Confidentiality

I understand that my data will be stored in an encrypted computer, and the data will be anonymized and only used for validating the application. Once used, it will be destroyed.

### Voluntary Participation

I understand that my participation in this study is voluntary, and I may withdraw at any time without penalty or loss of benefits to which I am otherwise entitled. I understand that if I choose to withdraw, any data that has already been collected may still be used for the study.

### Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Secretary of the Ethics Committee Information Computer Science: [ethicscommittee-CIS@utwente.nl](mailto:ethicscommittee-CIS@utwente.nl)

**Consent**

I have read and understood the information brochure and the procedures involved in the study. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in this study and authorize the collection, use, and disclosure of my data as described above.

Participant's Signature:

Printed Name:

Date: