## Athlete Consent Statement:

Please tick and sign that you consent to the following;

🞏 I understand that I will be undertaking interventions from a range of services provided by the Sport Northern Ireland Sports Institute including; lifestyle, nutrition, performance analysis, physiology, physiotherapy, psychology, sports medicine and strength and conditioning, with the purpose of improving health and athletic performance. I hereby give my consent to participate in these interventions and understand that the rationale for each intervention will be explained to me prior to participating. I appreciate that I can withdraw my consent, freely and without prejudice, at any time before or during the intervention.

🞏 I hereby agree to all relevant details from the interventions undertaken at the Sport Northern Ireland Sports Institute, which are relevant to my athletic performance, being disclosed between health care professionals and the performance team who are involved in my performance care, and are acting in my interest. I understand that it may not be in my best interest to disregard the advice offered to me. I understand that I have the right to ask for specific confidentiality on any consultation.

🞏 I have read the Privacy Notice (Form A) and consent to Sport NI retaining my data as relevant to the work undertaken by Sport NI Sports Institute Staff.

Print name of athlete:

Signature of athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian (if athlete is under 18 years of age):

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_