

# Athletic Genetic Testing Consent Form

## Participant Information

Full Name

Date of Birth

Team/Organization

## Purpose of Testing

## Type of Information Collected

## Potential Benefits and Risks

## Confidentiality & Data Use

## Voluntary Participation and Withdrawal

## Consent & Agreement

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I have read and understood this consent form. I voluntarily agree to genetic testing for athletic purposes.

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I confirm that I am 18 years or older, or I have the consent of my parent/guardian.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

