

Declaration consent: The effects of a single session of chiropractic treatment on brain activation and single motor unit recruitment patterns.

Declaration from the subject:

I have received written and oral information and I know enough about the aim, method, advantage and disadvantage in order to participate in the experiment.

I know that it is voluntary to participate, and I can withdraw my consent at any time without any consequences for my current or future treatment.

I give my consent to participate in this research project and I have received a copy of this consent form together with written information about the project for my record.

Subject name:

Date: _____ Signature: _____

Do you wish to be informed about the outcome of this project?

Yes: _____ No: _____

Declaration from the responsible researcher:

I declare that the subject has received written and oral information about the experiment and had the opportunity to ask questions.

I am convinced that enough information has been given to help the subject decide about his/her participation in this experiment.

The responsible researcher:

Date: _____ Signature: _____