

Additional file 2 Example of patient consent form**Consent form**

Feasibility and Safety of Physical Exercise in Men with Prostate Cancer Receiving Androgen Deprivation Therapy and Radiotherapy

I, the undersigned (name and surname) _____
 born in _____ on _____ declare that I have received from
 Physiotherapist..... on exhaustive explanations regarding the participation in
 the study, as reported in the information sheet attached, a copy of which was given me on

Following what I have learned, I declare that:

- I have been informed about the purposes, procedures, duration of this study, the possible advantages and disadvantages and I agree to participate in this study promoted by the Azienda USL-IRCCS of Reggio Emilia.
- I was provided with a summary of the information relating to the characteristics of the study, I was able to discuss these explanations, to ask all the questions I considered necessary, and I received satisfactory answers.
- I am aware that I am free to refuse to participate in the study and that I can withdraw my consent at any time during the duration of the study.
- I understand that my participation in the study is completely voluntary.
- I have been informed and agree that my data will be available not only to the responsible party of the study and their delegates, but also to the national and international health authorities, to the Ethics Committee, should they be requested; I have also been informed that my data may be presented at national and international scientific conferences or published for scientific reasons in national and international medical journals, but in any case my identity will be protected by confidentiality (i.e. the data will always be used in ANONYMOUS and AGGREGATE modality)
- I was also informed of my right to have free access to the documentation relating to the trial and to the evaluation expressed by the Ethics Committee.
- I agree I not agree that my GP is informed.
- I have been given a copy of this consent to withhold.

By signing this form, I agree to participate in the above study.

Name and surname of patient

Date

Signature of patient.....

Name and surname of Physiotherapist

Date.....

Signature of Physiotherapist.....

Date of approval and version number