INFORMED CONSENT FORM

Participation in a Functional Mobility Assessment

Participant: _____ Full Name

1. Participant Declaration

- I voluntarily agree to participate in a functional mobility assessment performed using the GaiTwin® solution (Age Impulse), consisting of a waist-worn belt equipped with a non-invasive miniature sensor worn for a few seconds to collect movement data and generate mobility indicators for informational and educational purposes only.
- I have had the opportunity to ask all the questions regarding my participation nature, objectives and conditions.
- I have been given sufficient time to consider the information before providing my consent.
- I have read the information relating to the protection of personal data under the European Union General Data Protection Regulation (GDPR), including the Privacy Policy available on the Age Impulse website and/or provided by the organization conducting the assessment.

2. Important Information

- The information provided by GaiTwin® is intended solely for informational and educational purposes.
- It does not constitute a medical diagnosis, does not replace professional medical advice, and must not be used as the sole basis for any medical decision.
- I understand both the benefits and the limitations associated with my participation.

3. Access to Information and Confidentiality

- I agree that only individuals involved in conducting and monitoring this assessment may access the information strictly necessary for these purposes, in accordance with applicable confidentiality obligations.
- Where applicable, duly authorized representatives of the competent authorities may also access the information strictly necessary to perform their regulatory duties, subject to strict confidentiality requirements.

4. Withdrawal of Consent

- I understand that I may withdraw my consent at any time, without providing any reason and without any adverse consequences.
- I retain all rights granted under applicable law.
- If I wish, I may be informed of the results of my functional mobility assessment.

5. Consent

I consent to participate in this assessment under the conditions described above:

☐ Yes ☐ No

I consent to the processing of my personal data for the purposes described above, including data that may be considered health data under the GDPR:

☐ Yes ☐ No

I wish to receive the results of my assessment:

☐ Yes ☐ No

Date	____ / ____ / _____
Participant's Signature	

I, the undersigned, certify that I have provided the participant with all relevant information regarding the functional mobility assessment, answered all questions, and obtained the participant's informed consent.

Date	____ / ____ / _____
Assessor / Authorized Representative Signature	