



CONSENT FOR CONTINUED PARTICIPATION FOR THE "PROVINCIAL IMPLEMENTATION OF ZOOMERS ON THE GO"

You are currently taking part in the research study "Provincial Implementation of Zoomers on the Go." You have already provided us with your Medicare number; however, this is a new session of the program and we are asking for your consent to continue participation in this study.

The research team would like to know whether participating in Zoomers on the Go is related to long-term benefits such as lowering the risk of cancer or hospitalization. Through your Medicare number, we would like to continue to follow your information for the next 10-years.

PARTICIPANT'S STATEMENT

By signing, I hereby give my informed consent to continue being a participant in this study.

Form with three columns: Printed Name of Participant, Signature of Participant, Date. A second row is provided for the person conducting the informed consent discussion.

PRINCIPAL INVESTIGATOR

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