Student’s given name and surname …….………………………………………………………..

I hereby represent as follows:

* I have been notified that participants in research within the …………………………………….. project (hereinafter Project) must not present with symptoms of infections of the upper respiratory tract (fever, cough, muscle pain) and I undertake to inform the project supervisor should I develop the above symptoms,
* I am aware of the heightened epidemiological risk and I take part in research within the Project at my own risk,
* carrying out research within the Project, I undertake to observe the regulations, procedures, recommendations, and guidelines for preventing and combating COVID-19, as applied by Adam Mickiewicz University, Poznań.

*……………………………………..*

*(date and signature)*