**“Disclosure of Potential Conflict of Interest" Form**

Manuscript title:

 In accordance with the resolutions of n. 1595/2000, the Federal Council of Medicine,
n. 102/2000 of the Health Surveillance DRC and the Recommendations of the Brazilian Society of Sports Medicine, Motriz requires that corresponding author herein identified comply by disclosing potential conflict of interests on behalf of co-authors.

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The items listed below are some of the examples of conflict of interest that can be inserted in the form:

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• Participates in clinical and / or experimental study subsidized by an industry or business;
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• Receives institutional financial support of an industry or business;
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• Prepares/develops scientific papers for journals sponsored by industries or business.

[ ] No potential conflict of interest exists for this study.

[ ] Yes, there is a potential conflict of interest relative to this study as detailed above (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of corresponding author:
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