

INFORMED CONSENT FORM

I, _____, hereby agree to participate as a participant in the research (project, investigation, experiment, study)* entitled _____ conducted by _____ under the supervision of _____.

It has been explained to me that the purpose of the study is to learn _____. The procedures which will be used in this study are _____. My participation will involve (duration of participant's participation including number of visits).

I understand that possible risks to me associated with this study are _____. (Describe physical, psychological, social, or other risks or discomforts, such as a threat to dignity, invasion of privacy, inconvenience, demand on participant's time)

I understand that I may not receive any direct benefits from participating in this study, but participation may help to increase knowledge that may benefit others in the future. (If the participant may derive direct benefits, use the following statement): I understand that the possible benefits to me or others from participation in this study are _____.

I understand that the data or answers to questions in this (project, investigation, experiment, study)* are confidential with regard to my identity and will be stored anonymously.

I understand that my participation is voluntary and that I am free to withdraw from this study at any time without jeopardizing my standing in (name of course) course or my relationship with Mount Aloysius College in any way.

If I have any questions about this study and what is expected of me, I may ask (investigators' names). I understand that at the end of this session, I will be given further information about the study, and about whom to contact if I have any questions. If I have any problems as a result of this study I can contact (Faculty Supervisor's name and contact information) or the Institutional Review Board Chair, Dr. Laura Lansing in Academic Hall room 106. I understand that I am entitled to a copy of my agreement to participate and will receive a copy of this document with my signature from (name of experimenter(s)).

I have read and understand the foregoing information.

Date _____ Participants Signature _____

Date _____ Experimenter's Signature _____

*Select one of the terms listed