

## SAMPLE INFORMED CONSENT FORM

I, \_\_\_\_\_, hereby agree to participate as a participant in the research experiment entitled “Direct and Indirect Relations between Words” conducted by John Doe and Jane Smith under the supervision of Dr. Laura Lansing.

It has been explained to me that the purpose of the study is to learn about word associations. The procedures which will be used in this study are a matter of short term memory and word association. My participation will involve one session of 20 minutes during which time I will be given words to remember and to associate with other words.

I understand that possible risks to me associated with this study are that I might get bored or feel uncomfortable if I can’t remember some of the words. I May also feel like I wasted my 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. I understand that the possible benefits to me or others from participation in this study are that I might learn something about my memory and how I might improve my ability to memorize things.

I understand that the data or answers to questions in this experiment 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 Joe Doe and Jane Smith .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 the faculty supervisor, Dr. Laura Lansing at 886-6435 in Academic Hall 106 or at LLansing@mtaloy.edu 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 Joe Doe and Jane Smith.

I have read and understand the foregoing information.

Date \_\_\_\_\_ Participants Signature \_\_\_\_\_

Date \_\_\_\_\_ Experimenter’s Signature \_\_\_\_\_