**Eastern Oregon University**

# Consent to Participate in Research

**Title of Study:**

**Investigator:**

**Faculty Sponsor:**

**Brief Description of Procedure:**

**Risks and Benefits:**

**Confidentiality:**

**Compensation (may include course credit):**

**Right to Refuse or Withdraw (include statement of participant withdrawal procedure):**

**Consent:**  Your signature below indicates that you have agreed to volunteer as a research subject, that you understand your rights for withdrawal, and that you will notify the investigator in advance if you are unable to participate for any reason.

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Date Participant’s (or Parent) Signature

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Date Investigator’s Signature

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Faculty Supervisor’s Signature