

**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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's (or Parent) Signature

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Faculty Supervisor's Signature