



Informed Consent to Participate in [insert simplified or full project title]

The purpose of this research study is to [briefly describe goal in easy-to-understand language]. Participants will be asked to [describe the procedures]. We estimate that this will require [insert length] of your time.

The benefits of this study are [briefly describe expected benefits to the individual or to others; do not insert any incentives here]. The potential risks are [state any risks to the individual with the study. Alternatively, if appropriate, you may state: The study involves only minimal risk, meaning that the probability of harm or discomfort is not greater than ordinarily encountered in daily life.]

[If any incentives will be offered to participants, add: To compensate you for participating in this study, you will receive...]

I understand that my participation in this project is completely voluntary, and I am free to stop or withdraw my participation at any time, without any penalty.

I understand that all of my responses in this study are completely confidential and will be used only for research purposes. If I have any questions about this study or want more information, I am free to contact:

[Insert Principal investigator: Name, email, and phone]

NWFSC IRB administrators: Jay Menees at meneesj@nwfsc.edu or (850) 678-5313.

Print your name: _____

Signature: _____ Date: _____

All signed forms will remain confidential. Participants may keep a blank form if desired.