

Informed Consent Agreement

Project Title:

Purpose of this Research:

What you will do in this study:

(If you volunteer to participate in the study you will be asked to)

Risks:

Confidentiality: All data collected will remain anonymous as required by the law and the institutional policy. All the information and methods in this study have been approved by the West Virginia Wesleyan College Institutional Review Board. Names will not be attached to any data and responses will be kept in a secure location. Following completion of this research and analysis of the data all responses will be disposed.

Voluntary Participation: My participation in this study is voluntary. There will be no penalty for not participating.

Right to Withdraw: I have the right to withdraw from this study at any time. I can inform the researcher and leave the testing area.

Alternate Assignment:

Payment: I will receive no payment for participating in this study. In the event of injury or illness as direct result of participation in this research study, no compensation, financial or otherwise will be available from the investigators or West Virginia Wesleyan College. If an injury or illness should occur I will be given the opportunity to take advantage of Student Health Services.

Contact: If I have any questions about this study, I may contact [investigator] at [email] or my advisor [name at email]. If I have any questions regarding my rights as a research subject, I may contact Dr. [chairperson of the IRRB], chairperson for the IRRB, at 473-[chair's extension] or [chair's email]@wwvc.edu.

Agreement: I have read the consent form and understand the nature of this study. I agree to participate in the research study described above. I also state that I am over the age of 18.

Signature: _____ Date: _____

Witness: _____ Date: _____

* You will receive a copy of this agreement for your records.