

Consent to Participate Form

Field Research Project

Principal Investigator: _____

Contact Information: _____

Purpose of the Study

This research study is being conducted to _____. Your participation will help us better understand _____.

Procedures

If you agree to participate, you will be asked to _____.

Risks and Benefits

- Risks: _____
- Benefits: _____

Confidentiality

Your responses will be kept confidential. Any information that can identify you will be removed before the data are analyzed or reported.

Voluntary Participation

Your participation is completely voluntary. You may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Questions

If you have any questions about this research, please contact the principal investigator listed above.

Consent Statement

I have read and understand the above information. I voluntarily agree to participate in this study.

Participant Name (Print):

Participant Signature:

Date:

