

# Informed Consent Waiver for Medical Studies

Study Title:

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Principal Investigator:

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**Purpose:**

The purpose of this medical study is described below. Please read this document carefully. Your participation in this study is voluntary. You may refuse to participate or withdraw at any time without any penalty or loss of benefits to which you are otherwise entitled.

Description of Study:

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Procedures:

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Risks and Discomforts:

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Benefits:

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Confidentiality:

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Contact Information:

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## Participant Statement

I have read and understood the information above. I have had the opportunity to ask questions about this study and my participation. I voluntarily agree to participate in this research study.

Participant Name (Printed):

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Signature:

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Date:

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Investigator/Person Obtaining Consent:

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Signature:

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Date:

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