

Consent Waiver Form for Trial Participation

Title of Study/Trial: _____

Principal Investigator: _____

Participant ID: _____

Date: _____

Consent Statement

By signing below, I confirm that:

- I have read (or have had read to me) and understood the information provided about this study/trial.
- I voluntarily agree to participate in this research.
- I understand that I can withdraw at any time without giving a reason, and without my medical care or legal rights being affected.
- All questions about the study have been answered to my satisfaction.

Additional Notes or Comments (optional):

Participant Signature

Print Name

Date

Researcher/Witness Signature

Print Name

Date