

# Generic Participant Consent Waiver

## Introduction

This consent and waiver is intended for participants involved in [describe activity, program, or event]. Please read the following information thoroughly before providing your consent.

## Voluntary Participation

Participation in this [activity/program/event] is entirely voluntary. You may decline to participate or withdraw at any time without penalty or loss of benefits.

## Risks and Benefits

Potential risks include, but are not limited to, [briefly describe possible risks]. Potential benefits include [briefly describe possible benefits]. There is no guarantee of any specific benefit to you as a participant.

## Confidentiality

All information collected during the course of this [activity/program/event] will be kept confidential to the extent permitted by law. Your identity will not be disclosed in any reports or publications.

## Contact Information

If you have questions about this [activity/program/event], please contact:

Name/Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Consent and Acknowledgement

By signing below, you acknowledge that you have read and understood the information provided above, have had any questions answered to your satisfaction, and voluntarily agree to participate.

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian (if under 18): \_\_\_\_\_