

Participant's copy

**Informed Consent Form**

I, \_\_\_\_\_, have carefully read and fully understand the  
(Print Your Name)  
purpose of this research, the length of time I will participate, the procedures to be followed, and any foreseeable risks, discomforts and benefits of the research. I understand that my records will be kept confidential, my participation is voluntary, and I may withdraw at any time without penalty. If I have questions about the rationale or method of the study, I understand that I may contact \_\_\_\_\_  
(Dept. of \_\_\_\_\_). If I have any questions about my rights as a participant or the manner in which this research is conducted, I may contact the Chair, Institutional Review Board, c/o Dean's Office, Kansas Wesleyan University, 100 E. Claflin, Salina, KS 67401, at (785) 827-5541. I fully understand the above and give my consent to serve as a participant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Researcher's copy

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