

# **Informed Consent Agreement**

This Informed Consent Agreement outlines the purpose, procedures, risks, and benefits associated with the study or activity. Please read the following information carefully before agreeing to participate.

## **1. Purpose of the Study/Activity**

The purpose of this study/activity is to \_\_\_\_\_.

## **2. Procedures**

If you agree to participate, you will be asked to:

## **3. Risks and Discomforts**

Potential risks or discomforts include:

## **4. Benefits**

The possible benefits of participation include:

## **5. Voluntary Participation**

Your participation is voluntary. You may withdraw at any time without penalty.

## **6. Confidentiality**

All information collected will be kept confidential to the extent allowed by law.

## **7. Contact Information**

If you have questions regarding the study, please contact:

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

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

## **Consent**

I have read and understood the information provided above. I voluntarily agree to participate in this study/activity.

Participant Name:

Signature:

Date: