

# 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: