

Participant Acknowledgment and Consent Document

Thank you for agreeing to participate in this study. Please carefully read the following information before providing your consent.

Purpose of the Study

The purpose of this study is to gather information regarding [insert study purpose]. Your participation is voluntary and you may withdraw at any time.

Procedures

If you choose to participate, you will be asked to [briefly describe procedures]. Your responses will remain confidential.

Risks and Benefits

There are minimal risks associated with this study. The potential benefits include [describe benefits, if any].

Confidentiality

All information collected will be kept strictly confidential and used only for research purposes.

Contact Information

If you have any questions or concerns about the study, please contact [researcher's name] at [contact information].

Consent

By typing your name and date below, you acknowledge that you have read and understood the above information and agree to participate in this study.

Participant Name (Electronic Signature):

Date:

I Consent