WHO TO CONTACT

For questions or concerns about the study, you may contact **Jonquill Howlett** at **720-849-9742**. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact the CSU Institutional Review Board at: CSU_IRB@colostate.edu.

PARTICIPANT CONSENT:

Your signature acknowledges that you have read the information stated and voluntarily wish to participate in this research. Your signature also acknowledges that you have received, on the date signed, a copy of this informed consent document containing *5* pages.

Grace Banks   2/26/24 _____ Date

Signature of participant

Grace-Marie Banks _____

Name of participant   2/26/24 _____ Date

Jonquill Howlett _____

Signature of person obtaining informed consent

Jonquill Howlett _____

Name of person obtaining informed consent

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(signature)   4/24/24

Signature of participant   Date

Mia Speights

Name of participant

Jonquill Howlett   4/24/24

Signature of person obtaining informed consent   Date

Jonquill Howlett

Name of person obtaining informed consent

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Lanea Fox   4/24/24

Signature of participant   Date

Lanea Fox

Name of participant

Jonquill Howlett   4/24/24

Signature of person obtaining informed consent   Date

Jonquill Howlett

Name of person obtaining informed consent

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Stephan Koss   4/24/24

Signature of participant   Date

STEPHEN KOSS

Name of participant

Jonquill Howlett   4/24/24

Signature of person obtaining informed consent   Date

Jonquill Howlett

Name of person obtaining informed consent

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_____   4/24/24
Signature of participant   Date

Kayleigh Hudson
Name of participant

Jonquill Howlett   4/24/24
Signature of person obtaining informed consent   Date

Jonquill Howlett
Name of person obtaining informed consent