

CONSENT FORM

PARTICIPANT INFORMATION

Full Name: _____
Date of Birth: _____
Email Address: _____
Phone Number: _____

CONSENT STATEMENTS

Please read each statement carefully and check the box if you agree:

- ☐ I consent to participate in this study
- ☐ I understand the risks and benefits
- ☐ I agree to have my data collected and analyzed
- ☐ I understand I can withdraw at any time
- ☐ I am at least 18 years of age

PARTICIPANT

Signature: _____
Date Signed: _____

WITNESS

Signature: _____
Print Name: _____
Date: _____