

# **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: \_\_\_\_\_