

Research Participation Informed Consent Form

_____ Department
The College of William and Mary

Protocol # PHSC-2017-xx-xx-xxxx

Title:

Principal Investigators:

This is to certify that I, _____ have been given the following information with respect to my participation in this study:

1. **Purpose of the research:** To determine the
2. **Procedure to be followed:** As a participant in this study, you will be asked to
3. **Discomforts and risks:** There are no known risks associated with the
4. **Duration of participation:** Participation in this study will take approximately X.X hours.
5. **Statement of confidentiality:** Your participation is confidential. The data you contribute to this research will be identifiable only by a number assigned by the experimenter. Once you leave the lab, there will be no way to connect your responses with your personal identity. Moreover, all data and records will be stored on password-protected computers in a locked laboratory. OR Your data will anonymous. Your data will not be associated with your name or any code so that your responses can not be linked to your name in any way.
6. **Voluntary participation:** Participation is voluntary. You are free to withdraw at any time without penalty or loss of benefits. You may choose to skip any question or activity.
7. **Incentive for participation:** Participants will receive \$10 dollars for every hour completed. OR, Participants will not be compensated for their participation.
8. **Potential benefits:** There are no known benefits of participating in the study. However, your participation in this research will contribute to the development of our understanding about the nature study.
9. **Termination of participation:** Participation may be terminated by the experimenter if it is deemed that the participant is unable to perform the tasks presented.
10. **Questions or concerns** regarding participation in this research should be directed to: Dr. XXX 757-221-XXXX.

I am aware that I must be at least 18 years of age to participate in this project.

I am aware that I may report dissatisfactions with any aspect of this study to Dr. Tom Ward, Ph.D., the Chair of the Protection of Human Subjects Committee by telephone (757-221-2358) or email (tjward@wm.edu).

I agree to participate in this study and have read all the information provided on this form.

My signature below confirms that my participation in this project is voluntary, and that I have received a copy of this consent form.

_____ date _____
Signature

_____ date _____
Witness