**Informed Consent Form**

Title of Project:

Summary of Project:

Principal Investigator(s) and Co-Investigator(s):

Hello! My name is *enter your name here*. I am from Harding University.

We are asking you to take part in a research study because we are trying to learn more about *in a sentence or two, outline what the study is about.*

If you agree to be in this study, *describe what you will ask the participant to do.*

This study is important because *briefly describe the general benefits of the study.*

If you do not want to be in this study, you do not have to participate. This is completely voluntary and there will be no repercussions if you do not want to participate or even if you change your mind later and want to stop.

At any point during the study, I will be glad to address any questions you may have.

Signing your name at the bottom means that you agree to be in this study.

Name of participant:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of researcher:

Researcher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_