

CONSENT TO PARTICIPATE VOLUNTARILY IN A
RESEARCH INVESTIGATION
SPRINGFIELD COLLEGE
263 ALDEN STREET, SPRINGFIELD MA, 01109

[Please remove brackets & put faculty supervisor's name] [Please remove brackets & put researcher(s) name(s)]

Responsible Party

Researcher(s)

[Please remove brackets & enter phone number]

[Please remove brackets & enter phone number]

Faculty Phone Contact

Researcher Primary Phone Contact

[Please remove brackets & put participant's name]

[Please remove brackets & put date]

Participant's Name

Date

PROJECT TITLE: [Please remove brackets & enter the title of research study]

Your child is being asked to participate in a research investigation as described in this form below. All such research projects carried out within the [Please remove brackets and enter your department name here (e.g., the Department of Exercise Science and Sport Studies)] are governed by the regulations of Springfield College. These regulations require that the researcher obtain from you a signed agreement (consent) to participate in this project.

The researcher will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and foreseeable risks of your child's participation. You may ask the researcher any questions you may have to help you understand the project and you may expect to receive satisfactory answers to questions. A basic explanation of the project is written below.

If after discussion you decide to agree to your child's participation in the project, please sign this form on the line indicated below in the presence of the researcher.

1. The purpose of this research is to [Please remove brackets and provide a lay-person description of the purpose of your research study here.] Participation should take approximately [minutes/hours/sessions] to complete.
2. The information obtained in this research will be beneficial to/for [Please remove brackets and provide a lay-person description of the potential benefits to participants for taking part in your research study.]
3. The potential risks involved from your child's participation include [Please remove brackets and provide a lay-person description of the potential risks, if any, to participants for taking part in your research study. Even if there are no foreseeable risks or discomforts, this still needs to be stated.]
4. The approximate number of participants involved in this project will be [Please remove brackets and provide the number of participants you will use in your research study.]
5. You have been selected to participate in this research project because [Please remove brackets and provide a lay-person description of the inclusion criteria for your study so the participant understands how their child meets these criteria and why he/she is being asked to participate. Including an age requirement.]

6. The information in this project will be collected by **[Please remove brackets and provide a lay-person description of the data collection and analysis procedures you will use so that participant(s) are aware of how you will be obtaining /using the information you collect. Please also specify that *the information collected will be used for research purposes only.*]**
7. Results will be **[Please remove brackets and provide a lay-person description of what you will do with the results/information contained in the final version of your research study so participant(s) are aware of how you will be obtaining /using the information you collect.]**
8. Names of participants will be kept confidential. **[Please remove brackets and provide a lay-person description of how you will be guaranteeing participant information will be kept confidential (e.g., assigning participants pseudonyms, assigning each participant an identification code/number, etc.)**
9. **Your child is** free to withdraw from this project at any time without penalty. All information you have given will be shredded or returned. You may contact the researcher at any time at the telephone number at the top of this form.

If **you or your child** have any question or concerns about this research project, please contact the primary investigator or the primary investigator's faculty supervisor. The primary investigator and his/her faculty supervisor's contact information can be found at the top of the first page of this form.

If **you or your child** have any questions or concerns about your rights as a research participant, please contact the Springfield College Office of Academic Affairs at: (413) 748-3818.

I certify that I have read the information above and fully understand the above project. All my questions have been answered to my satisfaction by the researcher. I willingly consent to participate in this research project with the understanding that I may withdraw at any time without prejudice. I agree the research data generated may be published provided my **child's name** is not used or that **they are** not otherwise identified.

[Please remove brackets & have participant sign here.] [Please remove brackets & put date here.]

Signature of **Parent/Legal Guardian**

Date

Participant Name (PRINT)

I certify that I have explained fully to the above participant the nature, purpose, potential benefits, and foreseeable risks of this study.

[Please remove brackets & have researcher sign here.]

Signature of Researcher