

COLUMBIA UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Participant

I have received a copy of this consent document and a copy of the “Experimental Participant's Bill of Rights” to keep. I agree to participate in the research described in this form.

Printed Name of Participant

Signature of Participant

Date

Person Obtaining Consent

I document that:

- *I (or another member of the research team) have fully explained this research to the participant.*
- *I have personally evaluated the participant’s understanding of the research and obtained their voluntary agreement.*

Printed Name of Person Obtaining Consent

Signature of Person
Obtaining Consent

Date