

**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.*

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Printed Name of Participant

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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.*

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Printed Name of Person Obtaining Consent

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Signature of Person      Date  
Obtaining Consent