

VOLUNTEER AGREEMENT

(To be submitted with application requiring full review)

A. Description of Study (by Responsible Investigator)

Participant's Initials

Signature of Responsible Investigator

continued on next page

Volunteer Agreement, continued.

B. Informed Consent

I, _____, having full capacity to consent, do hereby volunteer to participate in a research study entitled: _____
under the direction of: _____.

- I. The implications of my voluntary participation have been explained to me by: _____, as outlined in Section A of this agreement, including the nature, duration, and purpose of the study; the methods by which it is conducted; the inconveniences and risks which may reasonably be expected; and alternative procedures and treatments beneficial to me.
- II. I have been given an opportunity to read and keep a copy of this Agreement and to ask questions concerning this study. Any such questions have been answered to my full and complete satisfaction.
- III. In the event that I am harmed by participating in this study, and this harm cannot be attributed to the fault or negligence of the investigator, I understand that compensation and/or medical treatment is not available from Excelsior College. However, compensation and/or medical costs might be recovered by legal action.
- IV. I understand that I may at any time during the course of this study revoke my consent and withdraw from the study without prejudice.

Signed _____
Volunteer

WITNESS: I was present during the oral explanation and question period referred to in Parts A and B above and have witnessed the above signature.

Signature of Witness _____ Date: _____

This research has received the approval of the Excelsior College Institutional Review Board which functions to ensure the protection of the rights of research participants.

If you have any complaints as a participant in this study, please contact:

Institutional Review Board
IRB@excelsior.edu
Excelsior College, 7 Columbia Circle, Albany, NY 12203
