Informed Consent Form

, have carefully read and fully understand the
of time I will participate, the procedures to be s, discomforts and benefits of the research. I kept confidential, my participation is voluntary, and I penalty. If I have questions about the rationale or that I may contact
ch is conducted, I may contact the Chair, Institutional
Kansas Wesleyan University, 100 E. Claflin, Salina, lly understand the above and give my consent to serve
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If I have any questions about my rights as a participant is conducted, I may contact the Chair, Institutional
Kansas Wesleyan University, 100 E. Claflin, Salina,
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Signature

Informed Consent Form

l,	, have carefully read and fully understand the
(Print Your Name)	
purpose of this research, the le	ength of time I will participate, the procedures to be
followed, and any foreseeable	risks, discomforts and benefits of the research. I
understand that my records wi	ll be kept <u>anonymous</u> , my participation is voluntary, and I
may withdraw at any time witl	hout penalty. If I have questions about the rationale or
	and that I may contact
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	search is conducted, I may contact the Chair, Institutional
	fice, Kansas Wesleyan University, 100 E. Claflin, Salina,
	I fully understand the above and give my consent to serve
as a participant.	
Date	Signature
 Researcher's copy	
researcher's copy	
	Informed Consent Form
I,	, have carefully read and fully understand the
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	ength of time I will participate, the procedures to be
	risks, discomforts and benefits of the research. I
•	ll be kept <u>anonymous</u> , my participation is voluntary, and I
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). If I have any questions about my rights as a participant search is conducted, I may contact the Chair, Institutional
Review Board, c/o Dean's Off	rice, Kansas Wesleyan University, 100 E. Claflin, Salina,
KS 67401, at (785) 827-5541.	I fully understand the above and give my consent to serve
as a participant.	<u> </u>
Date	Signature