

# Informed Consent and Waiver Form Sample for Research

An **informed consent** and waiver form sample for research ensures that participants are fully aware of the study's purpose, procedures, and potential risks before agreeing to take part. This document protects both the researcher and subjects by clarifying rights and responsibilities. Properly designed forms enhance ethical standards and compliance in research projects.

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## Sample Informed Consent and Waiver Form

**Project Title:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Institution/Organization:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

### Introduction

You are being invited to participate in a research study. Before you consent to participate, it is important that you understand the purpose, procedures, risks, benefits, and your rights related to this research. Please take time to read the following information carefully and feel free to ask any questions.

### Purpose of the Study

The purpose of this study is to \_\_\_\_\_.

### Procedures

If you agree to participate, you will be asked to \_\_\_\_\_. The study will take approximately \_\_\_\_\_ minutes/hours/days.

### Risks and Discomforts

Potential risks or discomforts include \_\_\_\_\_. Every effort will be made to minimize these risks.

### Benefits

The possible benefits of your participation are \_\_\_\_\_. However, there is no guarantee that you will experience any benefits.

### Voluntary Participation and Withdrawal

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

### Confidentiality

All information collected in this study will remain confidential and will be used only for research purposes. Your identity will not be revealed in any publication or presentation resulting from this research.

### Waiver of Liability

By signing this document, you acknowledge that you understand the information provided and agree to waive any claim for compensation resulting from participation, except as required by law.

### Questions

If you have any questions about the study or your rights as a participant, please contact \_\_\_\_\_.

### Consent

I have read and understand the information provided above. I voluntarily agree to participate in this research study.

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

Date: \_\_\_\_\_