**Sample Informed Assent Form**

My name is <INSERT YOUR NAME> and I am a student at Hampshire College. You are being asked to be in my study (NAME OF PROJECT). In this study we hope to INSERT.

Everything you do in this study will be kept private. I will not use your name when we look at what you did or when we share it with others. (DESCRIBE WHAT YOU WILL BE DOING)

You do **NOT** have to do this study and you **CAN** ask to stop at anytime. You will not get in trouble for saying no and nothing will happen to you.

Please ask any questions you have now. If you have any other questions you can ask them at any time.

**Audio/Photo/Video Recording Consent Options:**

\_\_\_\_I Do\_\_\_\_\_I Do Not agree to the researcher’s use of *audio recordings* of my voice to be used for the final public exhibition of this study.

\_\_\_\_I Do\_\_\_\_\_I Do Not agree to the researcher's use of *photography* of myself to be used in the final public exhibition of this study.

\_\_\_\_I Do\_\_\_\_\_I Do Not agree to the researcher's use of *video recordings* of myself to be used in the final public exhibition of this study.

Print your name here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT OF ASSENT

I understand that I am being asked to (INSERT WHAT MINORS WILL BE DOING) and I may be (Audio recorded/Videotaped/Photographed) while doing it. I agree to do this but I also I know that I can stop at anytime. I also know that everything I do will be kept private.

Print your name here \_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the Researcher:

I have explained this research and what is expected of the participant. The participant has agreed to participate in this study and understands that their responses are confidential and that they may stop participating at any time without any consequences.

Signature of investigator \_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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