**[Title of Project]**

**Assent to Research Participation**

[Date]

You are being asked to join a research study by [PI and other researcher name(s)], from the [department name] at MSU Billings. A research study is a way to learn more about people. With this research study, [briefly describe the purpose of the project].

If you decide that you want to be part of this study, you will be asked to [briefly describe what will happen to the participant in the project, where it will take place, the duration of the study, etc.].

You should know that there are some risks, or bad things, that could happen, including [describe the risks]. There might also be some good thing that happen, [describe the benefits].

If you do not want to join the project, you can [alternative choice to participation].

When we are done with our research study, we will write a report about what was learned. Any information about you will not include your name and will be kept secure by the researchers by [describe confidentiality plan].

If you want to be part of this study, we will also ask your parents if they want you to be in this study.

If you have any questions at any time, please call or email [PI name] at [contact information]. If you would like to talk to someone else, you can call the Office of Grants and Sponsored Programs at 406-657-2364 or email at grants@msubillings.edu.

You do not have to be in this study. If you do choose to be in the study, you can change your mind at any time. The researcher won’t care if you change your mind or if you don’t want to join this study.

Signing this form means you have read this form and all of your questions have been answered. You and your parents will be given a copy of this form.

I agree to join this study. I know I can quit at any time.

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Name of Child Participant Signature of Child Participant Date

#### Researcher Signature (to be completed at time of informed consent)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

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Name of Researcher Signature of Researcher Date