[Insert Study Name here and URIRB Study Number]

Consent Form

You are being asked to take part in a research study of [some topic]. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. If you have questions, please feel free to ask the researcher for more information.

**Purpose**

The purpose of this University of Richmond student research project is to produce a documentary on [insert topic here]. Your participation involves being interviewed about this topic for approximately thirty minutes. The interviews will be video [audio] recorded.

***Note to researcher:*** *This section should be brief (2 or 3 sentences), but should be detailed enough so that participants know the procedures that will be followed, and if any are experimental. In survey or self-report studies naming each construct that is assessed is not necessary, but the consent form should clarify the general topics examined in any surveys they will complete—particularly if the subjects might consider the topics studied to be personally sensitive ones.*

**Contact Information**

This research is being conducted by [Name]. If you have any questions about the project, [Name] can be contacted at [indicate contact information].

**Possible Risks**

There are no more than minimal risks to you as a research subject. One possible risk is that persons viewing the documentary might disagree with you and express that disagreement in some way. If you do experience any discomfort during the study, remember you can stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

***Note to researcher****: All risks state in the IRB review form must be included here, in clear language.*

**Possible Benefits**

There are no direct benefits to you for participating in this project, but you may get some satisfaction from contributing to this investigation.

**Confidentiality of Records**

As you are being video recorded and the recordings will be shown publically, your interview will not be confidential. Your statements will be seen and heard by others. If you wish to, however, you can withdraw from the research project at any time without penalty.

**Use of Information and Data Collected**

Your interview will be viewed by members of this class and may be submitted for public uses, such as at a student research symposium, for public viewing, and possibly for posting on the internet. The recordings are intended to be a permanent record.

**Protections and Rights**

If you have any questions concerning your rights as a research participant, you may contact the Chair of the University of Richmond’s Institutional Review Board (IRB) for the Protection of Human Subjects of Research at (804) 484-1565 or irb@richmond.edu for information or assistance.

**Statement of Consent**

The study has been described to me and I understand that my participation is voluntary and that I may discontinue my participation at any time without penalty. I understand that my responses will be treated only as described in this consent form. I understand that if I have any questions, I can pose them to the researcher. I have read and understand the above information and I consent to participate in this study by signing below. Additionally, I certify that I am 18 years of age or older.

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

Signature of Witnessing Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE TO RESEARCHER. This research consent form differs from the Communications Office Consent Form, https://is.richmond.edu/multimedia/release-form.html.