



\_\_\_\_\_  
Name of Participant

**Special Olympics PROGRAM NAME**  
**STATEMENT OF INFORMED CONSENT (DRAFT COPY)**

Special Olympics would like to collect data on your health. A survey will be given by trained volunteers. We need your permission in order to ask you questions. We will do the survey only if you tell us that you want to do it, that is, if you “give consent.” Please read the information below before you decide to give permission to do the survey.

- The survey should take about thirty minutes.
- We will ask you about your health and how you set goals for your health.
- The survey is not a test and there are no right and wrong answers to these questions, we want to hear your thoughts and ideas.
- If you feel you want help with the survey, you can ask someone who knows you well to be with you or ask the volunteer for help.
- You do not have to participate if you do not want to. Your decision to participate and any answers you give will not stop you from being a part of Special Olympics.
- We don't think that the questions will cause you discomfort, but if they do, you can choose not to answer any questions you don't want to.
- You can end the survey at any time.
- Your answers will be kept confidential. This means that your answers will not be given to anyone who is not part of the project. In published reports of the study results, you will not be identified.
- If you have questions about the survey, please talk to the volunteer who gave you the survey.

If you agree to participate in this survey, please sign below. Your signature lets us know that you have gone over the information on this page. A copy of the form will be given to you.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian (if applicable)

\_\_\_\_\_  
Date