

**Example of Informed Consent form
Signature Required**

I am Harry Fan, a psychology student at Troy University, and I am conducting a study under the supervision of Dr. Bob Apples. The purpose of this study is to investigate factors that increase the motivation of athletes to attend practice. You are being asked to participate in this study because you are a member of the TROY Polo club.

If you choose to participate, you will be asked to complete a survey concerning what motivates you to attend polo practices. Completing the survey should take no longer than 15 minutes. I also will use the coaches' attendance records to track how many practices you actually attend.

There are no risks to your participation in this research. By participating in this study, you may obtain a better understanding of your motivations for attending practice. Further, the results of this study may help coaches better understand what motivates athletes to attend practices.

Only Harry Fan and Dr. Bob Apples will have access to your data. Your data will be kept in Dr Apples' office for three year and will then be destroyed. Any publications or presentations based on this research will refer to individual participants using code names or will present data in group form so that no participant can be identified.

Your participation is entirely voluntary and you may refuse to participate or discontinue participation at any time without penalty. Your decision about whether or not to participate will not affect your relationships with the researchers, your coach, your standing on the team, your relationship with your College or University, or your grade in any class. If you do participate you may have your data withdrawn from the study at any time.

If you have any questions concerning rights as a research participant, contact the Institutional Review Board by sending an email to irb@troy.edu or calling 334-808-6294.

If you have questions about this study contact Dr. Bob Apples at (334) 670-1122 or send him an email at bapples@troy.edu.

Please sign and return this form if you agree to participate. You will be given a copy of this form to keep.

Signature _____

Date _____

Printed Name: _____