**Face-to-Face/In-Person Research Consent Form Addendum**

**Title of Research Study:**

**Name of Principal Investigator (PI):**

**PI’s contact number(s)/email(s):** Use an Ontario Tech phone number and email address, never a personal number or email address. Only study specific cell numbers may be included.

**Names(s) of Co-Investigator(s), Faculty Supervisor, Student Lead(s), etc., and contact number(s)/email(s):**

I agree to participate in this study taking place at Ontario Tech University during the current COVID-19 pandemic. I understand that my participation is optional. I confirm that I have read and understood the consent form and have been advised on the potential risks related to in-person face-to-face research involving human participants at this time.

By checking each of the boxes below, I acknowledge and agree with the statements as follows:

* I have either been fully vaccinated with an approved government vaccine, or I have chosen not to be vaccinated.
* I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while participating in this research project, despite the approved precautions and protocols that have been put in place.
* I acknowledge and accept that while participating in the study, the researchers may need to be closer than the recommended social distancing guidelines in order to carry out the experimental protocols and/or procedures.
* I acknowledge and confirm that I am willing to accept this risk as a condition of attending the university to participate in research.
* I acknowledge and understand that there may be unknown risk related to COVID-19.
* I confirm that the study team has answered all my questions about the study and has advised me of all the risks related to in-person face-to-face research for this study.
* I acknowledge that participating in this study may involve third party risks to others where I may expose individuals that I live with or am in close contact with.

**Consent to Participate:**

***< Instructions to PI for form: Include the following statements as appropriate to your study:>***

1. I have read the consent form and understand the study being described;
2. I have had an opportunity to ask questions and those questions have been answered. I am free to ask questions about the study in the future;
3. I freely consent to participate in the research study, understanding that I may discontinue participation at any time without penalty. A copy of this consent form has been made available to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Study Participant’s Name Signature Date

My signature means that I have explained the study to the participant named above. I have answered all questions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Name of Person Obtaining Signature Date

1. **If the use of third party authorization, or substitute decision maker (SDM), include the following section:**

If the use of a substitute decision maker (SDM) is required and justified to aid a participant, include the following paragraph:

“This consent form is addressed to the participant. However, in the occasion that the participant is unable to or does not have the capacity to provide consent for themselves, this form is to be carefully read and signed by you acting as their substitute decision maker (SDM) from whom informed consent will be obtained for participating in the study.

After considering the wishes, values, and goals of the study participant, they would permit the study team to perform study procedures and data collection. I can reverse this decision at any time.”

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Name of Substitute Decision Maker Signature Date

Relationship to Participant

My signature means that I have explained the study to the participant and SDM named above. I have answered all questions.

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Print Name of Person Obtaining Signature Date