

Consent Form: “Gerontology Center Participant Registry”

The Gerontology Center at CU - Colorado Springs is actively seeking adults to participate in research studies. To that end, we are collecting names to form a Participant Registry.

This Database contains names of individuals that have expressed an interest in participating in research studies at CU. If you decide to participate we'll record your name, gender, year of birth, race, phone number, and mailing address. You may decide not to provide all of this information. In that case you can still be added to the database.

University faculty members affiliated with the CU Gerontology Center have access to this Database. CU students working as research assistants for these faculty members will also have access to the database. The faculty members or their research assistants will contact you and invite you to participate in studies. You are free to decline any invitation to participate in a study. You may request to have your name removed from the Database at any time. In some cases you may be financially compensated for your participation.

Your identity will be kept confidential. All participant information in the Database is kept in a locked filing cabinet and a password-protected computer file. The database will not be used for any reason other than recruiting research participants. The database will not be given to anyone outside of the Gerontology Center.

If you have questions regarding this database, you may contact the principal investigator, Michael Kisley (719-255-4177). If you have questions regarding your rights as a research participant or any concerns regarding this database, you may report them – confidentially if you wish – to Sandy Wurtele, Chairperson of the CU Colorado Springs Institutional Review Board (719-255-4150).

Your signature acknowledges that you have read and understand the information stated.

Signature: _____

Date: _____

Please complete any or all of the following items:

Name: _____

Gender: male female

Your Year of Birth: _____

Phone # _____

Address: _____

Email address: _____

Please circle your race:

- | | | | | | |
|--|--|-------------|---|------------------------------------|------------------------|
| 1. White, not
of Hispanic
Origin | 2. Black, not
of Hispanic
Origin | 3. Hispanic | 4. American Indian
or Alaskan Native | 5. Asian or
Pacific
Islander | 6. Other or
Unknown |
|--|--|-------------|---|------------------------------------|------------------------|

Please return to:

UCCS Gerontology Center, 1434 North Hancock, Colorado Springs CO 80903