

Girls on the Run Evaluation
Parent Consent for Research

Please print CLEARLY

Name of parent or guardian: _____

Address: _____

Telephone: _____

I am the legal guardian of _____. I consent for her or him to participate in a research project evaluating the effectiveness of the Girls on the Run program. I understand that Sarah K. Sifers, Ph.D. from the Psychology Department at Minnesota State University, Mankato (MS,M) is director of the project. I understand that participation in this study includes the following commitment for my child and me:

- 1) Read and sign this consent form.
- 2) My child will complete questionnaires about her self-perception, body image, thoughts, feelings, and behavior (takes about 15 minutes) at the beginning and ending of the Girls on the Run program
- 3) I will complete a survey about my satisfaction with the Girls on the Run program at the end of the program (takes about 5 minutes).

Procedures

I understand that my child will be asked questions about his or her thoughts, feelings, behavior, self-perception, and body image. I understand that I will be asked questions about my satisfaction with the Girls on the Run program. I understand that I can contact Dr. Sifers at 389-5755 or sarah.sifers@mnsu.edu about any concerns I have about this project. I understand that I also may contact the MSU Internal Review Board Administrator, Anne Blackhurst, at 389-2321 or anne.blackhurst@mnsu.edu with any questions about research with human participants at MS,M.

Confidentiality

All information obtained in this project will be kept private by the staff of this research project. All information will be stored in a locked file cabinet. It can be viewed only by authorized research staff members. I understand that no information about my child will be released and no names will be recorded other than the consent forms. By law, the only times when information will not be kept confidential is if my child or I state that we are in imminent danger of harming ourselves or others, or in suspected cases of child abuse.

Risks and Benefits

I understand that the risks of participating in this study are minimal. I understand that participating in this study will help the researchers understand how beneficial the Girls on the Run program is. I understand that I can request a copy of the study's results (but not my child's results), which would be mailed to me after the end of the study. I understand that my daughter can still participate in the Girls on the Run program even if I choose not to participate in this study.

Right to Refuse Participation

I understand that participation in this project is voluntary and my child and I have the right to stop at any time.

Date: _____ Signed: _____

With my signature, I affirm that I am at least 18 years of age and I have received a copy of the consent form to keep.

Girls on the Run Evaluation Child Assent for Research

I would like to ask you some questions about your thoughts, feelings, behavior, and opinion of yourself. I will ask you these questions before you start the Girls on the Run program and then when you are done. This will help me to understand how Girls on the Run has helped you.

Your name or other information that lets people know that the information is about you will not be used. Your answers will not be shared with your parents or anyone else, unless you are in danger of being hurt or hurting someone. If you have any questions about this project, you can ask them at any time.

You can refuse to be in the study and neither your parents nor the research staff will be upset. You can stop answering questions at any time and no longer be in the study just by letting me know you want to quit. You can still do Girls on the Run even if you do not participate in this study.

Signed: _____

Date: _____