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PARTICIPANT CONSENT FORM

I,[PRINT NAME], give consent to my participation in this research project.

Water dousing and dehydration: does dousing reduce required fluid intake in a heat wave?

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, including any inconvenience, risk, discomfort or side effect, and their implications, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that being in this study is completely voluntary – I am not under any obligation to consent.
4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.
5. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney now or in the future.
6. I consent to receiving feedback about the study:
YES NO
7. I consent to being contacted about opportunities to participate in future studies:
YES NO

8. I consent to the researchers keeping my unidentifiable data in perpetuity and approve its use in future publications, as described in the participant information sheet:

YES NO

If you answered YES to questions 6 or 7, please provide your details i.e. mailing address, email address.

Feedback Option

Address:

— _____
— _____
— _____

Email:

— _____

.....
Signature

.....
Please PRINT name

.....
Date