



# Identification and Consent Form

**\*PLEASE PRINT CLEARLY\***

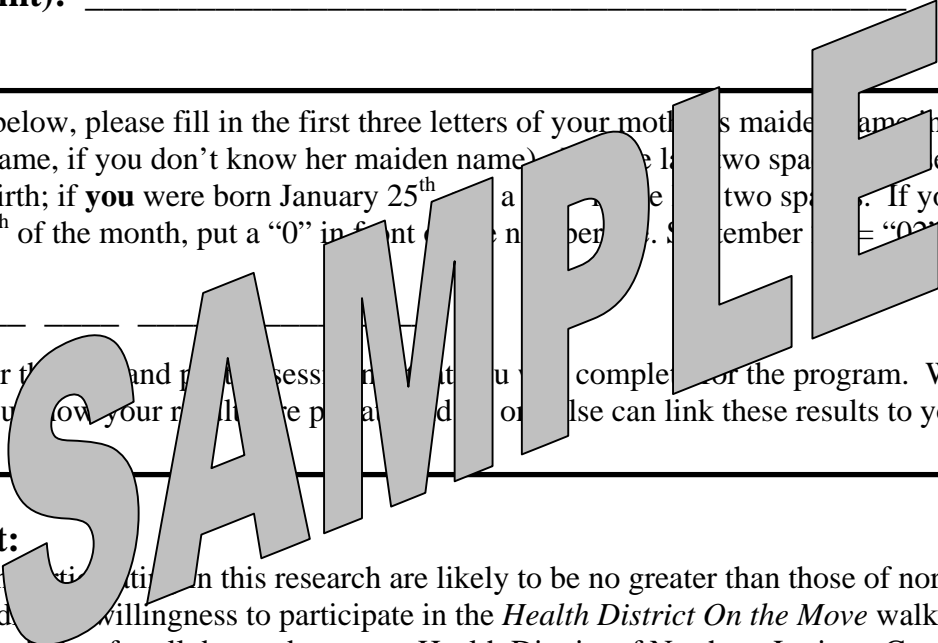
**Company Name:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

For the ID Number below, please fill in the first three letters of your mother's maiden name in the first three spaces (or her first name, if you don't know her maiden name) in the last two spaces. Please fill in the day of the month of **your** birth; if **you** were born January 25<sup>th</sup>, fill in the "25" in the two spaces. If your birthday is on the 1<sup>st</sup> through the 9<sup>th</sup> of the month, put a "0" in front of the number. So, if your birthday is on January 5<sup>th</sup>, the ID number would be "05".

**ID Number:** \_\_\_\_\_

Please use this ID for the pre- and post-assessment that you will complete for the program. We are using this type of ID so that you can follow your results. The program will use this ID so that we can link these results to you personally.



**General Consent:**

The risks involved in participating in this research are likely to be no greater than those of normal everyday living. Signing this form indicates your willingness to participate in the *Health District On the Move* walking program. This consent includes permission for all data to be sent to Health District of Northern Larimer County. Data will include steps and pre- and post-assessment information. After removing any identifying information this data may be shared with the evaluation staff, Colorado On the Move, The Colorado Trust, and potentially others interested in health program evaluation. Your personal information will be confidential, and all data will be reported as part of larger groups. The purpose of the research is purely for program evaluation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**