

# PARTICIPANT CONSENT FORM

Participants must complete this form before starting the BRAG Flex Voucher program.

## GENERAL INFORMATION

<b>Participant Name</b>
<b>Participant Address</b>
<b>Participant Phone Number</b>

## PARTICIPANT CONSENT

- I agree to participate in the BRAG Flexible Voucher Program.
- This participation agreement is of my own free will.
- I have had the opportunity to ask questions.
- I realize that I can withdraw from the Program at any time without giving a reason and without any other such hindrances.
- I have been given all information regarding the aims of the Program and have been given information with the persons-in-charge names on and a contact number and address if I require further information.

- I understand that all personal information provided will remain confidential and no information that identifies me will be made available publicly.
- I understand what constitutes inappropriate use of the program vouchers.
- I understand that if I violate any of the appropriate use requirements of the program, I may be asked to forfeit any remaining vouchers.

## **PARTICIPANT SIGNATURE**

Please sign and date in the spaces below.

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Participant name (print)

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Participant name (sign)

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Date