

# HUMAN SUBJECT PARTICIPANT FORM

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*The University of Massachusetts requires that you sign below in order to receive your payments.*

I received a payment of \$ \_\_\_\_\_ For participating in the following study

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I do not expect to earn more than \$600 of other income from the University of Massachusetts in this calendar year.

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Participant's Name (Print)

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Participant's Signature

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Date

**\*\*\* Note: Payments are limited to \$100 per participant per event or study. \*\*\***