

**Human Subjects Review Cover Letter**

Dear Student:

This program includes one or more workshops in making botanical medicine preparations which you may choose to take home with you. The reasons for such workshops include: 1) grounding your reading about medicinal plants in hands-on experience with the plants; 2) offering guidance and supervision in interpreting recipes/directions that are abundantly available in books on herbal medicine; 3) enhancing understanding of the range of safety with regard to medicinal plant species; 4) enhancing understanding of the medicinal actions and appropriate preparation and application of the plants; and 5) giving you the products of your labor.

The plant materials and applications utilized in the workshops are gentle. Nevertheless, while guidance and supervision are provided in the workshop itself, it is possible that, through taking the application home, completing any processes remaining, and ingesting or applying it (either at school or in another location), risks may result, including allergic reactions or other unknown/unforeseen effects.

Botanical medicines are legally classified as nutritional supplements. While risks associated with the plants we are using are minimal, they do exist. If you choose to use any applications at school or in any other location, you will agree that you will take full responsibility for your own completion, use and understanding of these. You will agree to not hold The Evergreen State College or anyone associated with it liable for any negative consequences of your activities associated with the plant materials involved in the workshops or for any future use of information obtained through the workshop.

Informed Consent Affidavit

I understand that the program I am enrolled in offers botanical medicine-making workshops that offer me information regarding making botanical medicine preparations and give me the opportunity to take home and use medicinal applications. The purpose of such workshops has been explained to me. I understand the possible risks to me associated with this activity.

I, \_\_\_\_\_, hereby agree to participate in the botanical medicine-making workshops offered in this program.

Further, I hereby agree that, if I choose to use, either at school or in any other location, the products of these workshops, I will assume full responsibility for the completion, understanding and/or use of them. I agree to not hold The Evergreen State College or anyone associated with it liable for any negative consequences that may result from future use of the information received from or activities related to the products prepared during these workshops.

Signature \_\_\_\_\_

Date \_\_\_\_\_