

*Text in **italicized red** is for instructional purposes only and should not be included on the form. The form should be kept to one page when possible.*

INFORMED CONSENT FORM
Empirical Comparison Study [Title]

Purpose of this Research [*Expected duration and description of the procedure(s)*]: I am asking you to take part in a research project for the purpose of collecting data to develop a baseline on how well college students perform at different types of video games. You will be asked to play one of three video games (Call of Duty on the Xbox One, Meow Match on the iPad, and Battleblock Theater on the computer) for approximately 30 minutes. Following this, you will be asked to complete three different surveys that will take approximately ten minutes. The total time of your participation is estimated to be about 40 minutes.

Eligibility: To be in this study, you must be enrolled in college, a resident of the U.S. and 18 years of age or older.

Risks or discomforts: The risks of participating in this study are no greater than what is experienced in playing a video game. This can include eye strain and headaches. If you experience any discomfort, you may pause the game and rest, or just stop playing the game.

Benefits: While there are no benefits to you as a participant, your participation in this research may help us understand how students perform in different types of video games.

Confidentiality of records: Your individual information will be protected in all data resulting from this study. While the members of the research team will have access to your personal information, publication of the data will not include any identifying information. You will be assigned a number; the key code will be stored separately from the data. Information collected as part of this research **will not be used or distributed** for future research studies.

Compensation: You will be compensated \$5 for participating in this study. If you begin the study and decide to discontinue during the study, you will still be compensated \$5.

Contact: If you have any questions or would like additional information about this study, please contact Joe Student, joe.student@erau.edu, or the faculty member overseeing this project, Dr. I. Oversee, Isaac.oversee@erau.edu. For any concerns or questions as a participant in this research, contact the Institutional Review Board (IRB) at 386-226-7179 or via email teri.gabriel@erau.edu.

Voluntary Participation: Your participation in this study is completely voluntary. You may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Should you wish to discontinue the research at any time, no information collected will be used.

*[If you are collecting **identifiable private information or identifiable biospecimens** ONE of the following statements must be included:*

- 1) Participant Privacy:** Any personal information that can identify you will be removed from the data collected and after removal of this information the data collected may be used for **future research studies** or **distributed** to another investigator for future research studies without additional informed consent from you or your legally authorized representative.

OR

- 2) **Participant Privacy:** Any personal information that can identify you will be removed from the data collected and this data will **not** be used or distributed for *future research studies.*

CONSENT. By signing below, I certify that I am a college student, a resident of the U.S. and I am 18 years of age or older. I further verify that I understand the information on this form, that the researcher has answered any and all questions I have about this study, and I voluntarily agree to participate in the study.

Signature of Participant _____ Date: _____

Printed Name of Participant _____