

*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 must match the Title listed on the IRB Application.]*

**Purpose of this Research** *[Description of the procedure(s) and expected duration]:* 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). Following this, you will be asked to complete three different surveys. The total time of your participation is estimated to be about 40 minutes.

**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.

*[For FOCUS GROUPS include the following paragraph:]*

*We will ask everyone in the focus group not to talk about the discussions outside of the group. However, we can't promise that everyone will keep what you say confidential.]*

**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](mailto:joe.student@erau.edu), or the faculty member overseeing this project, Dr. I. Oversee, [Isaac.oversee@erau.edu](mailto: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](mailto: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.

**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. *[Include participant Eligibility requirements.]* 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.

*[IF you are audio or video recording or taking photos, you must ask permission to use the recordings or photos in the research:]*

**AUDIO/VIDEO/PHOTOGRAPHY:**

- ☐ **I agree** to be audio recorded and video recorded or photographed during the research study.
- ☐ **I agree** that the audio recording and video recording or photo can be used in publications or presentations.
- ☐ **I do not agree** that the audio recording and video recording or photo can be used in publications or presentations.
- ☐ **I do not agree** to be audio recorded and video recorded or photographed during the research study.]

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_