

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

*Survey of American Public Sentiment on the Use of Unmanned Aerial Systems (UAS) to Assist Firefighters*  
***[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 ascertaining public sentiment on the use of Unmanned Aerial Systems (UAS) to assist firefighters in the urban environment. During this study, you will be asked to complete a brief online survey about your opinions concerning the use of UAS to assist firefighters in their response to emergency situations. The completion of the survey will take approximately ten minutes.

**Risks or discomforts:** The risks of participating in this study are no greater than what is experienced in daily life.

**Benefits:** While there are no benefits to you as a participant, your assistance in this research will help gauge public opinion on the use of UAS to benefit society and could possibly provide a basis for the adoption of such use.

**Confidentiality of records:** Your individual information will be protected in all data resulting from this study. Your responses to this survey will be anonymous. No personal information will be collected other than basic demographic descriptors. The online survey system will not save IP address or any other identifying information. In order to protect the anonymity of your responses, I will keep your responses in a password-protected file on a password-protected computer. No one other than the researcher will have access to any of the responses. Information collected as part of this research ***will not be used*** or ***distributed*** for future research studies.

**Compensation:** There is no compensation offered for taking part in this study.

**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 checking AGREE below, I certify that I am a resident of the U.S., ***[Include participant Eligibility requirements.]*** understand the information on this form, and voluntarily agree to participate in the study.

If you do **not** wish to participate in the study, simply close the browser or check DISAGREE which will direct you out of the study.

Please print a copy of this form for your records. A copy of this form can also be requested from Joe Student, [joe.student@erau.edu](mailto:joe.student@erau.edu).

0 AGREE

0 DISAGREE