

[SAMPLE CONSENT FORM]

Consent for Participation in a Research Experiment

Physiological and Emotional Responses to Video Game Playing

Introduction

As an undergraduate student at Park University who is at least 18 years old, you are one of 80 students being invited to participate in a study on playing video games. This study will examine the physiological and emotional effects of video game play. This study will take place in the Laboratory of Dr. XXX. The Laboratory is located in the PARK UNIVERSITY XXX Department, at 8700 NW River Park Drive, Parkville, MO.

Methods/Procedures

Your participation in this study will involve filling out a questionnaire about your current mood before and after playing a video game for approximately fourteen minutes. You have been assigned to play a violent video game named Perfect Dark. Perfect Dark is a game that is played in first person. The goal of the game is to shoot and kill as many animated characters as possible within the allotted time without your character being killed. You will see animated scenes containing guns, bloodshed, and characters being shot. Perfect Dark is Rated "M" for mature by the Entertainment Software Rating Board (ESRB). The rating means that this game is only intended for people 17 and older and contains animated violence and animated bloodshed. During game play your blood pressure and heart rate will be monitored by an automated blood pressure cuff on your left arm. Skin conductance will also be monitored during game play by two sensors taped to the palm of your left hand. Prior to, and immediately following game play you will be presented with a series of computer displayed photographs of some people, places, or objects. While looking at the photographs a noise will be presented to you through a set of headphones, which will elicit a startle eye-blink response that will be measured by two small sensors taped to your cheek below your left eye. The size of your eye-blink response will be used as a measure of your arousal level. The study will take approximately one hour to complete.

Voluntary Participation

Your participation in this research is voluntary. You may choose to participate or to withdraw your participation at any time. Deciding not to participate or choosing to discontinue participation in the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to leave the study, the information you have already provided will be discarded and not used.

Fees and Expenses

You are not responsible for any costs or expenses associated with this study.

Risks and Inconveniences

You have been told that due to the violent nature of Perfect Dark you could be bothered by some things involved in playing this game. You have also been informed that you can terminate your participation at any time if you feel uncomfortable for any reason during the study. If you are bothered by the experience of playing this game and would like to talk to someone about your experience you can contact the PARK UNIVERSITY Counseling Center (816-584-6237).

Benefits

You will not benefit directly by participating in this study. The main benefit will be to help researchers better understand the relationship between video game entertainment and physiological changes.

Alternatives to Study Participation

You can choose not to participate in this study. Your decision to not participate will not affect your relationship with PARK UNIVERSITY now or in the future.

Confidentiality

The researchers will keep secret all research-related records and information from this study to the extent possible by law. All of the records and information will be kept in a locked file drawer and destroyed three years after the end of the study. Your name will not be on the information you give. While every effort will be made to keep confidential all of the information you complete and share, confidentiality cannot be absolutely guaranteed. Individuals from the Park University Institutional Review Board (a committee that reviews and approves research studies), Research Protections Program, and federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions. The researchers will not reveal your identity if they publish the results of this study.

In Case of Injury

Park University appreciates the participation of people who help it carry out its function of developing knowledge through research. If you have any questions about the study that you are participating in you are encouraged to call **(name)**, the investigator, at **(phone number)**.

Although it is not the University's policy to compensate or provide medical treatment for persons who participate in studies, if you think you have been injured as a result of participating in this study, please call **(Chair's name)** of Park University's Institutional Review Board, at **(Chair's phone number)**.

Questions

You have been encouraged to ask questions about the study. The questions you asked have been answered. If you have any more questions about this study at any time, you may contact Dr. XXX at Park University, XXX Department , 8700 NW River Park Drive, Parkville, MO 64152 or you may phone him/her at 816-584-XXXX, or e-mail him/her at researcher@park.edu and she/he will be happy to answer any of your questions.

Authorization

The researcher has given you information about the study. You have been told what will happen, and what you will have to do and how long it will take. You were told about risks you may experience by participating in this research. Your signature below signifies your agreement to take part in this study as a research participant. You can decide not to participate or to quit at any time without penalty. If you decide to participate you will be given a copy of this consent form.

Printed Name of Participant Printed Name of Investigator Date

Signature of Participant Signature of Investigator Date