BROWN UNIVERSITY

CONSENT FOR RESEARCH PARTICIPATION

[Study Title: Visual Control of Locomotion]

[Version #1: July 28, 2025]

TACTILE BELT EXPERIMENTS

*Y*ou are invited to take part in a Brown University research study. Your participation is voluntary.

* RESEARCHER: William H. Warren, Ph.D.
* PURPOSE: This study investigates the visual control of locomotion in humans, including how people walk to goals, avoid obstacles, and interact with other pedestrians.
* PROCEDURES: You will be asked to walk around this room while wearing a head-mounted virtual reality display and a vibro-tactile belt around your waist. Sometimes your walking will be guided by visual information in the headset, and other times by vibrations in the belt. After the experiment, we will ask you a few questions about the task you did, and for some demographic information.
* TIME INVOLVED: There will be 1 session lasting approximately 1½ hours [or N sessions, each lasting 1 hour].
* COMPENSATION: You will receive $25.00 for your time [or a total of Nx$15 for N sessions].
* RISKS: There is a possibility that you could lose your balance while walking. To minimize this risk, an experimenter will follow you in case you lose your balance or walk off-course. In addition, you may feel some discomfort or light-headedness. If you are susceptible to motion sickness, this display could induce similar effects and we do not advise that you participate in this experiment. Be assured that you can request a break or stop the experiment at any time.
* BENEFITS: There are no direct benefits of participating in this study to you personally. The results of the study will contribute to basic knowledge about visual control of locomotion, providing a basis for clinical treatment of visual-motor deficits and mobility problems.
* CONFIDENTIALITY: To maintain confidentiality, we will assign all your data a numerical code. Your responses will not be connected to your identity.
* VOLUNTARY: You do not have to participate in this study if you do not want to. Even if you decide to be in this study, you can change your mind and withdraw at any time.
* CONTACT INFORMATION: If you have any questions about your participation in this study, you can ask at any time, or contact Dr. William Warren at 401-863-3980, or email him at Bill\_Warren@brown.edu.
* YOUR RIGHTS: If you have questions about your rights as a research participant, you can contact Brown University’s Human Research Protection Program at 401-863-3050 or email them [at IRB@Brown.edu.](mailto:IRB@Brown.edu)
* CONSENT TO PARTICIPATE: Signing below confirms that you have read and understood the information in this document, are 18 years old or older, and that you agree to volunteer as a research participant in this study.

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Signature Date

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Name