

**CONSENT FORM**

Title of research project: Exploring the impact of Competition and Cooperation on Performance and Engagement in VR Exergaming

SREC reference and committee: [Insert SREC reference and committee or other relevant reference numbers]

Name of lead researcher: George Lynch

|  |  |
| --- | --- |
|  | **Please initial box** |
| I confirm that I have read the information sheet dated 08/03/2025 version 1 for the above research project. |  |
| I confirm that I have understood the information sheet dated 08/03/2025 version 1 for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily. |  |
| I understand that my participation is voluntary, and I am free to withdraw at any time without giving a reason and without any adverse consequences. I understand that if I withdraw, information about me that has already been obtained will be discarded. |  |
| I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is strictly necessary and/or relevant to my taking part in the research project. |  |
| I understand that my personal information will be processed for the purposes explained to me, as set out in the information sheet.  I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation. I have been informed of my rights under data protection legislation and how I can raise any concerns. |  |
| I understand who will have access to any personal information provided, how it will be managed, and what will happen to the data at the end of the research project. |  |
| I understand that excerpts and/or verbatim quotes from my surveys/questionnaires may be used as part of the research publication but that I will not be identified/identifiable. |  |
| I understand how the findings and results of the research project will be written up and published. |  |

Name of participant (print) Date Signature

Name of person taking consent Date Signature

(print)

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**Role of person taking consent**

**(print)**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**