

ADULT PARTICIPANT INFORMED CONSENT

Assessing the Impact of Virtual Reality Horror Experiences on Sensitivity to Fear Stimuli

PRINCIPAL INVESTIGATOR: Joseph Almahmid, Drew Schmuck

CONCISE STATEMENT OF STUDY

This research study is aimed at answering how virtual reality horror games impact a user's susceptibility to fear. You may be interested because you are someone who consumes media. This research study will take approximately 30 minutes. There are minimal risks to participating in this study, like an elevated heart rate. You can find more details on this study following in the body of this consent form. If you are interested in continued discussion about presentation, we would like to discuss more with you through this consent presentation.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research study is to see what effect playing a virtual reality horror video game will have on the fear a person may experience afterwards.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

This study will take place at 1906 Pecan Street, where you currently are. It will last for approximately 30 minutes.

WHAT WILL I BE ASKED TO DO?

If you volunteer to take part in this study, you will be asked to wear a heart rate monitor throughout the study, complete a simple everyday task at the start, play through a virtual reality horror video game, and complete the same simple everyday task at the end.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?

There may be no direct benefit to you as a participant in this study. However, we hope to learn more about how virtual reality experiences can influence users.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

While the level of risk is minimal, you may experience a heightened heart rate or feelings of fear during parts of this study. If you have any medical conditions where a heightened heart rate could potentially cause problems, it is recommended that you do not participate in this study.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?

You will not be compensated for taking part in this research.

WHO WILL SEE THE INFORMATION THAT I GIVE?

This study is part of a class project and information will be used only for that purpose. The only people who will see the information that you give is the students running the study, the professor of the course, and teaching assistants for the course. All information gathered will be kept as confidential as possible and the researchers will take every precaution to ensure this.

WILL MY DATA BE USED FOR FUTURE RESEARCH?

If you choose to take part in this study your private information collected for this study will not be used or distributed for future studies. The project may be viewed by future students of this class; however, your information will not be used.

CAN MY PARTICIPATION IN THE STUDY END EARLY?

You may end your participation in the study at any point throughout the trial for any reason.

DO I HAVE TO TAKE PART IN THE STUDY?

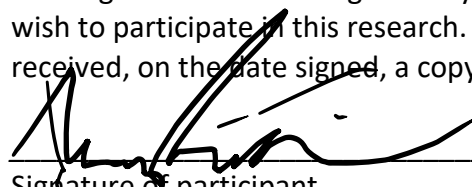
Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with CSU. You are encouraged to ask questions about this study at the beginning or any time during the research study.

WHO TO CONTACT

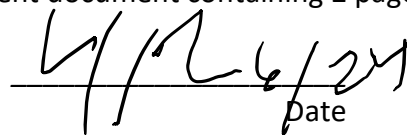
For questions or concerns about the study, you may contact Drew Schmuck at (720)-227-1565 or Joseph Almahmid at (970)-412-3254. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact the CSU Institutional Review Board at: CSU_IRB@colostate.edu.

PARTICIPANT CONSENT:


Your signature acknowledges that you have read the information stated and voluntarily wish to participate in this research. Your signature also acknowledges that you have received, on the date signed, a copy of this informed consent document containing 2 pages.




Signature of participant



Date



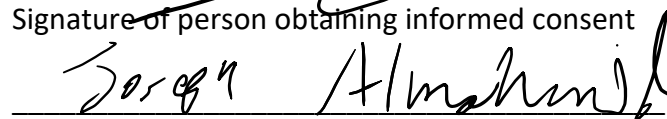
Name of participant



Signature of person obtaining informed consent



Date



Name of person obtaining informed consent