

Informed Consent Form

CSC492: Human Computer Interaction

SUBNAUTICA DEEP DIVE

PRINCIPAL INVESTIGATORS

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INVITATION

You are invited to take part in this study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please ask.

Why are you being asked to be in this study?

You fit the demographic of being someone familiar with the game Subnautica, or at least familiar with video games and informational sites in general.

What is the reason for doing this study?

The reason for doing this study is to help give feedback for a student made website for their CSC 492 class. This feedback will help inform the students about the design process, particularly the theme of interviewing participants to create additional iterations of design.

What will be done during this study (state if proceedings will be recorded)?

During this study, you will navigate to a URL and interact with a website. This interaction will require first specific tasks, then afterwards branch out into a more open-ended exploration.

How will my video and audio recordings be used?

They will be used for transcription and analysis by the interviews to extrapolate feedback and criticism.

What are the possible risks of being in this research study?

There are no known risks to you from being in this research study.

What are the possible benefits to you?

You are not expected to get any benefit from being in this study.

What are the possible benefits to other people?

You would benefit the students of CSC 492 in their educational pursuit of the design process.

What will being in this research study cost you?

There is no cost to you to be in this research study.

Will you be compensated for being in this research study?

There is no compensation for this study

What should you do if you have a problem during this research study?

Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

How will information about you be protected?

No personal information about you will be asked, and it is your choice if you want to be recorded or photographed. If you choose to share the recordings/photographs, they will only be used in a private classroom setting for a presentation. None of your information besides your feedback will be available to the public.

What are your rights as a research subject?

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study related questions, please contact the investigator(s) listed at the beginning of this form.

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You will not lose any benefits to which you are entitled. You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator

Documentation of informed consent

You are voluntarily making a decision whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

(Participant signature)

(Consent Date)

Documentation of consent for recording (optional if recording audio)

As part of this study we would also like to record audio. This audio will be used to transcribe your responses and then will be deleted.

By signing this consent form, I confirm that I give my permission for video and audio recording(s) of me, to be used for the purposes listed above

(Participant signature)

(Consent Date)

Documentation of consent for photograph

As part of this study, we would also like to have a photo of you or something that represents you. This photo will be used in a presentation to help visualize our participants in the study.

By signing this consent form, I confirm that I give my permission for photograph(s) of me, to be used for the purposes listed above

(Participant signature)

(Consent Date)

(Printed Name of Person Obtaining Consent -- team member)

(Signature of Person Obtaining)

(Consent Date)