**Participant Consent Form**

**Project Title**

**Researcher(s)**

Brett Johnson, Researcher & Designer, MacEwan University | 306-261-5186 | [Johnsonb232@mymacewan.ca](mailto:Johnsonb232@mymacewan.ca)

Ryley Goodine, Researcher & Designer, MacEwan University | 597-987-0072 | [goodiner@mymacewan.ca](mailto:goodiner@mymacewan.ca)

**Purpose of the Research:**

* The purpose of this card sorting exercise is to define what riders would identify as an emergency and non-emergency.

**Procedures**

* The users will be given a list of words associated with emergency and non-emergency issues in and around the LRT.
  + Users are then asked to identify if the person, object, or scenario is considered to be involved in emergency or non-emergency.
* After the sorting a picture will be taken of the cards and a quick debrief with participants.
  + Participants will be asked what objects or situations could be added to the list of words for future tests.
* Please feel free to ask any questions about the procedures and goals of the study and your role as a participant.

**Potential Risks**

* There are no known or anticipated risks to you by participating in this research
* Participants are free to withdraw from the study at any time.

**Confidentiality/Anonymity**

* Participants will not have to submit any personal information for the study and will remain completely anonymous.
* The data will be used to help develop an ETS safety application

**Right to withdraw**

* Your participation is voluntary and you can answer only those questions that you are comfortable with.
* *[If applicable]* You have the right and may request that the [type of recording device] be turned off at any time
* You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
* *[If applicable]* Whether you chose to participate or not will have no effect on your position (e.g., employment, class standing, access to services) or how you will be treated
* Should you wish to withdraw, [describe the conditions (including the time limit, if any) under which they may withdraw and what will happen to their data].

**Follow up**

* To obtain results from the study, please [Indicate how participants may find out about the results or provide a location for general results]

**Questions or Concerns**

* If you have any questions or concerns, please contact the researcher(s) using the information at the top of page 1

**Visually Recorded Images/Data**

Photos: Will be taken of the results 0

My signature below indicates that I have read and understand the description provided. I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name of Participant* |  | *Signature* |  | *Date* |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Researcher’s Signature Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher***