**Informed Consent for BODY POSTURE’S EFFECT ON VISUALIZATION**

**Purpose of Study**

The purpose of this study is to determine how body posture affects visualization

**Methods of Study**

If you choose to participate in this experiment you will watch two videos on YouTube. The first video will be instructions. The second video will be the experiment. You will be asked to change your posture to a standardized (common and fairly comfortable) position. Then you will be asked to visualize a specific task. You will then be asked a question about your visualization. You will submit your responses either publicly on social media (no anonymity) or via email to [kstrother@eou.edu](mailto:kstrother@eou.edu), who will be the only one to know your identity.

**Criteria to Participate**

You must be 18 or older to participate and have the ability to read English fluently. You must have no history of neurological disorders or visual deficits.

**Risks & Benefits of Participating**

The risks associated with this experiment are minimal and include any risks that occur when you watch a short-film, including boredom, or the risks that come from changing posture, such as dizziness. The most important risk is that to your identity. To mitigate that risk, it is recommended you email your responses to the researcher who will encrypt the data and delete the original message. There are significant potential benefits to students, faculty, the University, and the scientific community associated with participating in this project. Research participants will gain a firsthand understanding of what the scientific process involving human research is like. Participation will also enable the researchers to contribute to scientific understanding of human behavior which can bring prestige to the researchers, the University, and increase the value of degrees issued from Eastern Oregon University.

**Your Rights & Responsibilities**

You have the right to be informed of the nature of the study, its methods, and the potential risks and benefits of participating in the study. You have the right to participate voluntarily and the freedom to withdraw from the study for any reason. You also have the right to be protected from harm and have your identities protected. To ensure your privacy, this consent form will be separated from your results and stored securely. You also have the right to learn more about this study and to contact the proper authorities (see below) should you have concerns about this study.

You have the responsibility to participate to the best of your ability if you choose to participate and are eligible for this study. This responsibility to participate to the best of your ability does not override your rights to withdraw from the study.

**Who To Contact**

If you are interested in learning more about this study or have questions you can contact this study’s primary investigator: kstrother@eou.edu. If you believe that any of your rights have been violated, you should contact the Chair of the University’s Institutional Review Board: Charles Lyons at clyons@eou.edu.

**Agreement**

By signing below I affirm that I am 18 or older and that I understand the basic purpose and methods of this study, the risks and benefits associated with participating in this study, my rights and responsibilities as a research participant. I also affirm that I have had the opportunity to ask questions related to my participation in this study. Finally, I consent to participate in this study and I provide this consent voluntarily.

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like a copy of this form for your personal records, please inform the researcher.