CONSENT FORM

# Project Description

The purpose of this study is to investigate people’s memory in virtual reality. Your participation involves viewing a series of objects and then judging their size (or color, location, content, to be specified for each experiment). You will be asked to wear a virtual reality headset, through which you will view a computer-generated virtual environment. This experiment will take 30 minutes (or fewer, to be specified for each experiment). For participating, you will receive 1 research credit per half-hour participation for Introduction to Psychological Science. (Alternatively, you will be paid at the rate of $10/hour).

Benefits and risks

There is no immediate benefit to you other than learning about psychology research and experiencing a new virtual reality system. You may experience motion sickness while wearing the virtual reality headset. In addition, you may find that you get tired or bored during the experiment. The experimenter will explain how you can take breaks during the experiment to relieve this.

# Principle Investigator

The principal investigator is Dr. L. Elizabeth Crawford. If you have any questions or concerns for her, please email [lcrawfor[at sign]richmond.edu](mailto:lcrawfor@richmond.edu) or call (804) 287dash6623.

# Voluntary Participation

Your participation in this project is voluntary and you are free to withdraw your consent and discontinue participation at any time without penalty. You will still receive course credit (or payment, if applicable).

# Use of Data Collected

# Results may be presented at conferences, in publications, and posted on the internet. No personally identifying information will be stored or disseminated with the results.

# Confidentiality of Records

Your confidentiality will be maintained by placing only a code number, and no personally identifying information, in resulting data files. We will keep track of who participated in the experiment and this information will be confidential, but we will not be able to tell which participant produced which data file. When required by law, the records of this research may be reviewed by applicable government agencies.

# Participant’s Rights Information

If you have any questions concerning your rights as a research subject, you may contact the Chair of the University of Richmond’s Institutional Review Board for the Protection of Research Participants at (804)289-8417 for information or assistance.

# Participant’s Consent

The study has been described to me and I understand that my participation is voluntary and that I am free to withdraw my consent and discontinue my participation in the project at any time without penalty. I attest that I am at least 18 years of age. I also understand that the results of the study will be treated in strict confidence and reported as group data sets without personally identifying information, possibly in scholarly publications. I understand that if I have any questions or concerns about this experiment, I may pose them to Dr. L. Elizabeth Crawford ([lcrawfor@richmond.edu](mailto:lcrawfor@richmond.edu)).

I have read and understand the above information and I consent to participate in this study by signing below. (Alternatively, for online version, “…by clicking the link to begin the experiment”)

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Signature Date

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Signature of Investigator

*UR Counseling and Psychological Services: 289-8119, or just down the hall in room 201*