

## **Informed Consent Agreement for Participation in a Research Study**

### **Investigator**

Professor Charles Roberts

### **Contact Information**

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### **Sponsor**

WPI

### **Introduction**

You are being asked to participate in a research study. Before you agree, however, you must be fully informed about the purpose of the study, the procedures to be followed, and any benefits, risks or discomfort that you may experience as a result of your participation. This form presents information about the study so that you may make a fully informed decision regarding your participation.

### **Purpose of study**

This will be an evaluation for our thesis project, a live-coding environment for virtual worlds. We seek suggestions on how to improve our project from study participants and to find / address software bugs.

### **Procedures to be followed:**

After signing this consent agreement, you be given a link to download the live coding environment we have created.

After launching the downloaded environment, you will follow a series tutorials embedded in it in order to help you explore its features (how long will this take?).

After completing the tutorials, you will then be encouraged to freely explore the environment and create your own virtual world using voice commands and a graphic user interface (how long will this take?).

After experimenting with creating your own virtual world, you will be asked to complete a short anonymous survey, which includes some questions about the experience of exploring our project.

### **Risks to study participants**

There are no foreseeable risks associated with this research study.

### **Benefits to research participants and others**

If you are a student in the IMGD program at WPI you are required to participate in playtesting sessions each term/semester. By participating in this study can elect to receive a certification email that you can present to your professor to fulfill this requirement. Emails optionally provided for this purpose will not be associated with any other feedback you provide. In addition to this credit, you will experience a novel environment for creating virtual worlds, and provide valuable feedback assisting its future development.

### **Record keeping and confidentiality**

Records of your participation in this study will be held confidential so far as permitted by law. However, the study investigators and, under certain circumstances, the Worcester Polytechnic Institute Institutional Review Board (WPI IRB) will be able to inspect and have access to confidential data that identify you by name. Any publication or presentation of the data will not identify you.

**Compensation or treatment in the event of injury**

There is no foreseeable risk of injury associated with this research study. Nevertheless, you do not give up any of your legal rights by signing this statement.

For more information about this research or about the rights of research participants, or in case of research-related injury, contact the Investigator listed at the top of this form. You may also contact the IRB Chair (Professor Kent Rissmiller, Tel. 508-831-5019, Email: [kjr@wpi.edu](mailto:kjr@wpi.edu)) and the University Compliance Officer (Jon Bartelson, Tel. 508-831-5725, Email: [jonb@wpi.edu](mailto:jonb@wpi.edu)).

Your participation in this research is voluntary. Your refusal to participate will not result in any penalty to you or any loss of benefits to which you may otherwise be entitled. You may decide to stop participating in the research at any time without penalty or loss of other benefits. The project investigators retain the right to cancel or postpone the experimental procedures at any time they see fit.

By signing below, you acknowledge that you have been informed about and consent to be a participant in the study described above. Make sure that your questions are answered to your satisfaction before signing. You are entitled to retain a copy of this consent agreement.

**For more information about this research or about the rights of research participants, or in case of research-related injury, contact:** IRB Manager: Ruth McKeogh, Tel. 508 831-6699, Email: [irb@wpi.edu](mailto:irb@wpi.edu); Human Protection Administrator: Gabriel Johnson, Tel. 508-831-4989, Email: [gjohnson@wpi.edu](mailto:gjohnson@wpi.edu)

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\_\_\_\_\_  
Study Participants Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Study Participant Name(Please print)

\_\_\_\_\_  
Signature of Person who explained this study

Date: \_\_\_\_\_