Texas A&M University

**INFORMED CONSENT BY PARTICIPANTS IN A RESEARCH STUDY**

You are invited to participate in a research study on <**in layman’s terms, clearly state what the study is about**>. This study is conducted by <**include names**> from the Texas A&M University.

This study will take approximately <**total anticipated time required for participants to complete the survey**> of your time. You will be asked to experience an art installation. After your experience, you will be interviewed with open-ended questions.

Your decision to participate or decline participation in this study is completely voluntary and you have the right to terminate your participation at any time without penalty. You may skip any questions you do not wish to answer.

Your participation in this research will be completely confidential and data will be averaged and reported in aggregate. Possible outlets of dissemination may be <**include how results may be disseminated, ex. documentation video**>. Although your participation in this research may not benefit you personally, it will help us understand <**describe the possible benefits to society which may reasonably be expected or how the study may contribute to generalizable knowledge**>.

There are no risks to individuals participating in this study beyond those that exist in daily life.

Your signature on this form will signify that you have received this document which describes the possible risks, benefits and procedures of this research study, that you have received an adequate opportunity to consider the information in the document, and that you voluntarily agree to participate in the study.

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I understand the procedures to be used in this study I know that I have the right to withdraw from the study at any time. I may obtain copies of the results of this study, upon its completion by contacting the investigator named above.

I certify that I understand the procedures to be used and that I have been able to receive clarification of any aspects of this study about which I have had questions. I have read, understand and agree with the above, and understand that I can request a copy of this document for my records.

First and last name (print) Email Contact (Optional)

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Signature

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Date

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