

CONSENT FORM

I, _____, agree to participate in the research study titled "Images & Pictures" (IRB title "Category Retrieval") conducted by Dr. Richard L. Marsh from the Department of Psychology at the University of Georgia (542-3124). I understand that my participation is entirely voluntary. I can stop taking part without giving any reason and without penalty. I can refuse to participate or ask to have all of the information about me returned to me, removed from the research records, or destroyed.

The purpose of this study is to understand how human memory operates and how to improve it. I realize that the tasks I will complete are not designed to test my abilities or skills. These tasks cannot provide a measure of the quality of my performance. However, I will benefit from understanding how researchers devise psychological research to answer their inquiries, and I will receive course credit.

The following points have been explained to me:

1. I understand that I will participate in an experiment in which I am asked to learn a list of words or a list of pictures. I will also be asked to generate items from semantic categories, possibly remember those items, and have my memory tested for those items. In some cases my reaction time may be measured by the computer.
2. **I may find some material in this experiment vulgar and/or offensive. If profane concepts are particularly offensive to me, I do not have to participate in this study and I will not be penalized for not participating.**
3. No discomfort or stresses during the experiment are foreseen.
4. No risks are foreseen.
5. The results of this participation will be confidential and will not be released in any individually identifiable form without my prior consent unless required by law.
6. In order to make this study a valid one, some information about my participation will be withheld until after the study. However, the investigator will answer any further questions about the research at the end of the experiment.
7. The entire experiment will take only _____ (30) minutes to complete. Unless a different number of minutes has been written in by the investigator, 30 minutes is to be assumed.

My signature below indicates that the researchers have answered all of my questions to my satisfaction and that I consent to volunteer for this study. I have been given a copy of this form.

The researcher will answer any further questions about the research now or during the course of the project and can be reached by telephone at 706-542-3124.

Signature of Participant

Signature of Investigator
Telephone: 706-542-3124
Email: marshlab@uga.edu

Date

PLEASE SIGN BOTH COPIES OF THIS FORM. KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR.

Additional questions or problems regarding your rights as a research participant should be addressed to Chairperson of Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu.