Informed Consent to Participate in Research
Information to Consider Before Taking Part in this Research Study

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You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask the researchers or study staff to discuss this consent form with you, please ask him/her to explain any words or information you do not clearly understand. We encourage you to talk with your family and friends before you decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

We are asking you to take part in a research study called: Do certain types of choral warmups have an effect on pitch recall and vocal resonance?

The person who is in charge of this research study is Gaven Burrows

The research will be conducted in Room 339.

Purpose of the study

The purpose of this study is to determine whether types of choral warmups influence choral groups' pitch recall and vocal resonance.

Study Procedures

If you take part in this study, your name or other personal identification will not be recorded or stored. Only audio information will be collected and stored. Audio information will be retrieved from the choir as a whole and not on an individual case-by-case basis. The data will be stored electronically on devices owned by the researcher locally and will not be stored online. After relevant analysis required for research, such as LTAS and pitch analysis, is completed, all audio files will be permanently deleted.

Total Number of Participants

In Chamber Choir, the number of participants may approach 20.
In Varsity Choir, the number of participants may approach 60.

Alternatives

You do not have to participate in this research study.

Benefits

We are unsure if you will receive any benefits by taking part in this research study.

Risks or Discomfort

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Compensation

You will receive no payment or other compensation for taking part in this study.

What will it cost you to take part in this study?

It will not cost you anything to take part in the study

Privacy and Confidentiality

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principal Investigator, study coordinator, research nurses, and all other research staff**.**
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.
- Any agency of the federal, state, or local government that regulates this research. This includes the Department of Health and Human Services (DHHS) and the Office for Human Research Protection (OHRP).
- The USF Institutional Review Board (IRB) and its related staff who have oversight responsibilities for this study, staff in the USF Office of Research and Innovation, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

Voluntary Participation / Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Decision to participate or not to participation will not affect your job status.

New information about the study

During the course of this study, we may find more information that could be important to you. This includes information that, once learned, might cause you to change your mind about being in the study. We will notify you as soon as possible if such information becomes available.

You can get the answers to your questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, call Gaven Burrows at gburrows000@student.rcschools.net, or at 1-615-995-5839.

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call Carissa VerBruggen at VerBruggenC@rcschools.net

Consent to Take Part in this Research Study

It is up to you to decide whether you want to take part in this study. If you want to take part, please sign the form, if the following statements are true.

I freely give my consent to take part in this study and authorize that my health information as agreed above, be collected/disclosed in this study. I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

_____ _____

Signature of Person Taking Part in Study Date

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Printed Name of Person Taking Part in Study

Statement of Person Obtaining Informed Consent (THIS IS THE RESEARCHER)

I have carefully explained to the person taking part in the study what he or she can expect from their participation. I hereby certify that when this person signs this form, to the best of my knowledge, he/she understands:

- What the study is about;
- What procedures/interventions/investigational drugs or devices will be used;
- What the potential benefits might be; and
- What the known risks might be.

I can confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in the appropriate language. Additionally, this subject reads well enough to understand this document or, if not, this person is able to hear and understand when the form is read to him or her. This subject does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give legally effective informed consent. This subject is not under any type of anesthesia or analgesic that may cloud their judgment or make it hard to understand what is being explained and, therefore, can be considered competent to give informed consent.

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Signature of Person Obtaining Informed Consent / Research Authorization Date

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Printed Name of Person Obtaining Informed Consent / Research Authorization