

"The Poker House"
Principal Investigator, XXX

PARTICIPANT INFORMED CONSENT FORM

May 2006

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. I want you to understand what you are being asked to do and what risks and benefits, if any, are associated with the study. This should help you decide whether or not you want to participate in the study.

I, [XXX], am a student at the [name of university]. I would appreciate your helping me out in my study on the poker house. If you ever want to contact me about my study, you may reach me on my cell phone at [number] or in the care of my faculty sponsor, [faculty sponsor name], at the [name of university], [mailing address and phone number of faculty sponsor] . Another excellent way to contact me is by email at: [XXX's email address].

Project Description: I am interested in learning about informal games of poker where participants come to gamble in a private setting. I am interested in learning what kinds of people get into gambling at cards, how they learn about this game, how they feel about gambling, and how the game operates.

Procedures: I would like to talk to you about this and to tape-record our conversation. I hope you will share some of your experiences and thoughts with me on this matter. Depending on how much you have to say, our conversation is most likely to take anywhere from 30 minutes to an hour. Together we can arrange a mutually convenient time for us to talk. I would be happy to meet with you at my office, your home, or any other place.

Risks: There are some potential risks you may encounter from doing this interview. I will be asking you about a gambling activity that is technically illegal. Please be assured, however, that I will neither judge you nor identify you personally in any way. I will transcribe the interview and destroy the tape recording afterwards. If there are any subjects you would prefer not to talk about, just say so and we can go on to another subject. Everything that you say will be held in the strictest confidence. There will be no compensation, nor will you incur any expenses, for this interview.

Benefits: There are no direct benefits for your participation in this study.

Study Withdrawal: If you decide to participate in this project, please understand that your participation is voluntary and that you have the right to withdraw your consent or to discontinue your participation at any time. You have the right to refuse to answer any question(s) for any reason.

Confidentiality: In addition, I will maintain the privacy of the experiences you discuss in all published and written data resulting from this study. Sociologists are interested in trends and patterns of behavior rather than individual accounts, and I will use pseudonyms to disguise the identity of my subjects as a confidentiality measure.

Initial _____

I will be tape recording our conversations so that I can remember most accurately what you have said. Please be assured that I will keep these data in the most secure location, locked in my advisor's office, and that they will be destroyed when I have finished with this research. I will shred my notes and erase over any tapes with a demagnetizer.

Invitation for Questions:

If you have questions about this study, please feel free to ask me them before you sign this consent form.

If you have any questions regarding your rights as a participant, any concerns regarding this project, or any dissatisfaction with any aspect of this study, you may report them – confidentially, if you wish, -- to the Executive Secretary, [IRB mailing address and phone number].

Authorization:

I have read this paper about the study and know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received on this date, a copy of this document.

I agree _____ I do not agree _____ to be audio taped

Name of Participant (printed) _____

Signature _____ Date _____

(also please initial the previous page of the consent form)

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This permission form is approved for use from _____ through _____.

(Signature) Panel Coordinator, Human Research Committee