

Informed Consent for Youth & Parks Research Project

[Date, time, and location of experience]

Youth & Parks Half Day Research Activity

CONSENT TO PARTICIPATE IN PARK ACTIVITY

Name of youth or adult participant:

You are invited to take part in a youth & parks experience involving research and learning about the Regional Park System. This event involves fun, research, conversation, and learning around a topic. This form tells you the purpose of the event, what will happen during the day, and possible risks and benefits to you. If you have questions, please ask. Then you can decide if you want to join this event or not. If you are under 18, your parent also needs to sign and give permission.

A1. INTRODUCTION – WHY ARE WE INVITING YOU TO PARTICIPATE?

You are invited to participate in this activity because you are a young person age 14-19 or a parent/guardian of a youth. We would like to see more youth like you visit the Regional Parks.

A total of 10-20 people are expected to participate in this experience.

A2. DO I HAVE TO TAKE PART IN THIS PARK ACTIVITY?

You decide whether to take part in this activity. You are free to say yes or no. Even if you join this experience, you do not have to stay in it. You may stop participating anytime.

A3. WHY ARE YOU ORGANIZING THIS RESEARCH ACTIVITY?

The purpose of this research activity is to bring youth and guardians/parents together to find out how the Regional Park System can improve youth access to parks. We will guide you through a field research experience, fun activities, and a conversation with food to talk about the parks and youth.

B1. WHAT WILL HAPPEN IF I TAKE PART IN THE RESEARCH ACTIVITY?

You will visit Battle Creek Park Reserve. You will be invited to participate in a parks scavenger hunt, a photo contest, a storytelling session, a casual dinner, and other activities that will be facilitated by professional staff. There will be some time to give advice to the research team. Parents will talk to a facilitator in a focus group to discuss how they would like their youth to enjoy the outdoors. If you choose not to answer a particular question, then say “pass” and the activity will move to the next person. We also request that you give permission to use the pictures you take and the pictures our staff takes in the research.

B2. HOW LONG WILL THIS TAKE?

About 5 hours from start to finish, including transportation.

B3. CAN I STOP BEING IN THE PARK ACTIVITY?

You may stop participating at any time. However, you will need to wait until the entire group is done to ride home with your group.

C1. WHAT RISKS OR PROBLEMS CAN I EXPECT FROM THE IN-PARK ACTIVITY?

Activities:

- You may feel that some of the activities are irrelevant. If you do not wish to participate, you may skip it and say “pass.”
- You may come into contact with outdoor conditions (cold, wind) that are uncomfortable or have risk, such as a bonfire. You understand that The Metropolitan Council and Ramsey County are not responsible for risks associated with being in the outdoors.
- We will record some group conversations, not names of the participants. Recordings help us by ensuring that our notes taken during the activities are indeed accurate. We will destroy the recordings shortly after transcribing them.
- You can choose whether or not you want your name used in the research. We will only use your name if you want it used. If you wish, we can maintain confidentiality of your name. However, other members of your group may talk about what is said. We cannot guarantee confidentiality. However, we do guarantee that we will credit you in all reports if you consent to your name being used.

C2. ARE THERE ANY BENEFITS TO TAKING PART IN THE ACTIVITY?

This activity will allow you to give direct input to the Regional Park System. We hope the information from this activity will help the Regional Park System better serve all youth.

D1. ARE THERE ANY COSTS TO BEING IN THE ACTIVITY?

There are no costs to you for any of the activities or food that will be made available to you.

D2. WILL I BE PAID FOR BEING IN THE ACTIVITY?

The Council will provide each participant with a \$20 gift card to be delivered to the organization no later than November 10, 2019. Participant must complete all activities to receive the gift card.

D3. WHO CAN ANSWER MY QUESTIONS ABOUT THIS ACTIVITY?

If you have more questions about this activity at any time, you can call [organization contact] at [contact phone] or [Council staff] at [staff phone number]. If you sign this form, we plan to keep your information (sign in sheet) for two years.

PLEASE CHOOSE:

I do want my name credited in the research report.

I do not want my name credited in the research report. I prefer to have my participation be confidential.

CONSENT TO PARTICIPATE IN THE RESEARCH ACTIVITY

By signing my name below, I confirm the following:

- I have read (or had read to me) this entire consent document. All of my questions have been answered to my satisfaction.
- The research activity's purpose, procedures, risks and possible benefits have been explained to me.
- I voluntarily agree to participate in this research activity.
- I have been told that I can stop at any time.

IMPORTANT: You will receive a signed and dated copy of this consent form. Please keep it where you can find it easily. It will help you remember what we discussed today.

Participant's Name(please print)	Participant's Signature	Date
Name of Parent/Guardian (if applicable) please print	Signature of Parent/Guardian	Date
* Name of person discussing/ obtaining consent please print	Signature of person discussing/obtaining consent	Date
* Facilitator		

CONSENT TO USE OF PHOTOS AND VIDEO

By signing my name below, I confirm the following:

- I voluntarily agree to participate in the photo competition for field research, and that the photos I take will become part of the research project to help understand how youth see the parks.
- I understand that my photo or video of me might be taken at the activity. I voluntarily agree that these may be used for publicity purposes on the Metropolitan Council website, in brochures and flyers and news releases, and in presentations about the research in the future. I understand that I will receive no compensation for such uses.
- I understand that I retain the right to have any photographs discontinued from use in any or all of the above venues upon request, and if, at any time, I wish my photograph(s) to be discontinued from any of the above, it is my responsibility to contact Parks Research Darcie Vandegrift to make this request.

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Participant's Name(please print)	Participant's Signature	Date
Name of Parent/Guardian (if applicable) please print	Signature of Parent/Guardian	Date
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