

James Madison University – Expanding Your Horizons Conference - March 21, 2020

Thank you for registering your child for the Expanding Your Horizons Conference at James Madison University through the online registration system. This packet contains forms related to the 2020 conference. Please read the following instructions carefully.

1. Release/Permission Form for Conference Evaluation

The first form in the packet is the release form for the conference. **A completed release form signed by a parent/guardian is required for each student in order to be able to attend the Expanding Your Horizons conference.**

2. Informed Consent and Assent Forms

The conference organizers are studying the effectiveness of the Expanding Your Horizons Conference, and they invite all students attending the 2020 Expanding Your Horizons Conference to participate in this study by completing questionnaires during the conference. The data from this study would be very useful to the conference organizers to evaluate and continue improving the program, and we hope that you will help us collect this important information. A full description of the study is included in the last two forms in this packet.

Participation in this study is voluntary, and you do not have to agree to allow your child to take part in the study in order for them to participate in the EYH program. To take part in the study, BOTH the student and a parent/guardian must give permission by signing and returning the enclosed forms.

- To give your permission for your student to participate, you (the parent/guardian) complete and sign the Informed Consent Form (the 2nd form in the packet).
- In order for your student to give them permission to participate, the student completes and signs the Youth Assent Form (the last page in this packet).

Bring your completed forms with you to the EYH Conference

Completed forms will be turned in when you arrive at the EYH conference on Saturday, March 21, 2020. Bring your completed forms to the conference check-in table when you arrive.

If you are dropping off your child at EYH, please come inside with them until they are checked in. If your child is coming to the conference with someone other than a parent/guardian, please triple-check that they have a completed and signed release/permission form with them when they leave for the conference.

RELEASE FORM FOR CONFERENCE PARTICIPATION

Name of Child Attending

Name of Parent or Guardian

Contact Phone Number () -
During Conference

Name of Emergency Contact
Person

Emergency Contact Phone () -
Number

This activity presents the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of that risk.

PARENTAL PERMISSION:

I give full permission for my child to attend the Expanding Your Horizons Conference held at the James Madison University on the dates of March 21, 2020.

MEDIA RELEASE:

I do hereby give JAMES MADISON UNIVERSITY, their assigns and legal representative the irrevocable right to use my child's photograph or video footage of my child in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee will be paid to me now or in the future. I have read this release and understand its contents.

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me and to secure routine, non-surgical medical care as needed. Please be advised that you are fully responsible for all expenses incurred for any medical care that your child receive during the program. Students (parent or legal guardian) are responsible for providing their own health insurance.

WAIVER OF LIABILITY:

I agree to indemnify, release and hold harmless the Expanding Your Horizons Conference, James Madison University, the Commonwealth of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the aforementioned conference and related conference activities.

As the parent and/or guardian of the minor named above, I have the legal authority to execute the above releases. I have read the above releases and understand their contents. I certify that I am at least 18 years of age. I approve the foregoing and waive my rights in the premise.

**Parent/Guardian
Signature:**

Date:

PARENT/GUARDIAN INFORMED CONSENT

The organizers of the Expanding Your Horizons Conference are conducting a program evaluation study on the conference to learn how effective it is for the youth in our community. Many sponsors desire to invest their resources in programs that have been shown to be effective. We would appreciate your help with this important task. Participation is voluntary. Your child will be asked to complete five questionnaires during the program. These questionnaires will ask about their interest in STEM classes and careers, their perceptions of women in STEM fields, and the overall effectiveness of the EYH program. By signing this form, you are agreeing to allow us to use your child's responses in this confidential evaluation.

Questionnaire Procedures

Completing each questionnaire should take about 5 minutes. Most of the questions are multiple-choice. This is not a test. There are no right or wrong answers.

Participating in this study is entirely voluntary. You do not have to agree to allow your child's responses to be used in this study in order for them to participate in the EYH program.

Potential Benefits of Participating in the Study

Potential benefits from participation in this study include increased understanding of the effectiveness of the Expanding Your Horizons Conference in this specific community and programmatic improvement of the EYH Conference in the coming years. These improvements will benefit all that attend the conference.

Potential Risks of the Participating in the Study

The investigators do not perceive more than minimal risks from your child's involvement in this study (that is, no risks beyond the risks associated with everyday life). If your child feels like the questionnaire is taking too long, is making them upset, gets tired, or if for any other reason they want to stop, they may do so at any time.

Confidentiality

All of the answers that are given as part of this questionnaire will be kept private. They will only be available to people involved with the project. By signing this form you are allowing other people who work on the survey to see your child's answers to the survey. However, no one will connect specific responses with your individual child.

The researchers conducting this study retain the right to use and publish non-identifiable data. The results of this study may be presented in university or conference presentations, journal articles, and funding applications. When the results of this study are published or discussed in presentations, no information will be included that would reveal your child's identity.

There is one exception to confidentiality we need to make you aware of. In certain research studies, it is our ethical responsibility to report situations of child abuse, child neglect, or any life-threatening situation to appropriate authorities. However, we are not seeking this type of information in our study nor will your child be asked questions about these issues.

Voluntary Participation in / Withdrawal from Study

Whether or not to participate in this study is completely up to you and your child. Your decision regarding participating in the study will not affect your child’s participation in the Expanding Your Horizons Conference.

Your child will also be asked if they are willing to voluntarily participate in the study by signing a separate form. In order for your child to participate in the study, BOTH you and your child must agree to participation. Your child may decide to skip any questions that they do not want to answer, and they may stop at any time without any consequences. Once your child submits a survey, their answers for that survey cannot be withdrawn since response data will be de-identified.

Questions about the Study

If you have any questions about this questionnaire or you would like to receive a copy of the final aggregate results of this study, please contact:

Chris Willingham
Department of Mathematics and Statistics
James Madison University
Telephone: (540) 568-2921
Email Address: willinjc@jmu.edu

Questions about Your Rights as a Research Subject

Taimi Castle
Chair, Institutional Review Board
James Madison University
540-568-5929
castletl@jmu.edu

GIVING OF CONSENT TO PARTICIPATE IN QUESTIONNAIRE

I have read this consent form, and I understand what is being requested of my child as a participant in this study. I freely consent for my child to participate in this study. I have been given satisfactory answers to my questions. I certify that I am at least 18 years of age.

Your Child’s Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date

Name of Researcher (Signed)

Date

YOUTH ASSENT FORM

IRB # 20-1575

Dear Student,

We are inviting you to participate in this study because you are attending the Expanding Your Horizons Conference. We are interested in what you think about topics and careers in science and math and your opinions about the Expanding Your Horizons conference activities.

You will complete 5 surveys, during the conference. These surveys are not a test. There are no right or wrong answers. Most of the questions are multiple-choice. The surveys will take you about 5 minutes each to do.

If you feel like the questionnaire is taking too long, is making you upset, you get tired, or if for any other reason you want to stop, you may do so at any time. The primary reason for giving you these surveys is to figure out how effective and interesting the conference is for the students who attend. This information will help the conference leaders make changes to improve the conference in the future.

By agreeing below, you are allowing us to use your surveys in this study. Your answers will be completely confidential. They will only be seen by the researchers, and no individual answers will be identified in any presentation or report.

We have asked your parents for their permission for you to do this study. Please talk this over with them before you decide whether or not to participate.

If you have any questions at any time, please ask one of the researchers.

If you check "yes," it means that you have decided to participate and have read everything that is on this form.

_____ Yes, I would like to participate in the study.

Signature of the Student

Date

Name of Student (printed)

Name of Researcher (Signed)

Date

Investigator's contact info: Dr. Chris Willingham, Department of Mathematics and Statistics, James Madison University, Email: querteks@jmu.edu, Telephone: (540) 568-2921