



PARENT CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH  
UNIVERSITY OF NORTHERN COLORADO

Project Title: *The Power of Dance: How Dance Affects Mental and Emotional Health and Self-Confidence In Young Adults*

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The goal of this thesis research project is to create and direct an original one-day dance workshop to share the mental and emotional benefits of dance with your child. It is presumed that your child may not otherwise have regular exposure to dance because of socio-economic status and or access at the school level.

Your child will participate in four dance classes of various genres. Attendance in each class is paramount to his/her success and it will be documented for research analysis. In addition to this consent form, your student will be asked to complete a questionnaire before and after the event. The pre-questionnaire will ask about information regarding dance experience, preferences, self-confidence, and social experiences. The post-questionnaire will ask about experiences and feelings during the dance workshop classes and his/her personal self-confidence and interest in dance at the conclusion of the day.

Your student will be assigned a participant code that will align with his/her attendance, questionnaires, and any observational notes the researcher makes throughout the workshop. Your child will wear a wristband throughout the classes that indicates his/her involvement in the research. There will be other students taking the classes that are not participating in the research, they will not be wearing a wristband.

Lastly, it is also possible that your child will be asked to participate in an interview at the conclusion of the event. The interviews and dance classes may be videotaped to support the notes taken by the researcher. Be assured that the researcher intends to keep the contents of these recordings private, unless you give permission below for their use of the video as an instructional aid or promotional material for future dance workshop events. Your child's name would never be used.

At the end of the event and when research has concluded, we would be happy to share your data with you at your request. We will take every precaution in order to protect your child's anonymity. The researcher will be the only person to know the name connected with a participant number and when data is reported, his/her name will not be used. Data collected and analyzed for this study will be kept in a locked cabinet in the home of the researcher and in the advisor's office at the University, which is only accessible by the researcher and the advisor.

Potential risks in this project are minimal. As with any type of physical activity, risks include fatigue, localized muscle soreness, and the potential for strains and sprains of joints. If your child becomes too fatigued or uncomfortable, he/she may choose to stop and rest. In the unlikely event of an injury, we will contact appropriate medical authorities. Please let the volunteers know if your child has any injuries or disabilities that may affect his/her participation while in dance class. Extreme care will be taken to ensure that the students are positively critiqued, and that the dance workshop environment is safe and supportive.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Thank you for your commitment to this event, assisting the research, and sharing your child with us for a wonderful day of powerful dance!

Sincerely,

Amber Salo

## CONSENT FORM SIGNATURES

\_\_\_\_\_  
Child's Full Name (please print)

\_\_\_\_\_  
Child's Birth Date (month/day/year)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

*\*\* Please initial below if you give permission to the researcher to use video footage (interview and dance class material) for instructional and/or promotional purposes.*

\_\_\_\_\_  
*Initials*

*\*\* Please initial below if your student has any physical injuries or disabilities that may affect their participation in dance class.*

\_\_\_\_\_  
*Initials*