MIT HSSP: "Sensational Neuroscience" Permission form for muscle-controller interaction demonstration on 8/4/2019

Dear student,

We hope you are having fun at MIT! We have a very cool demonstration planned for **Saturday**, **8/4/2019** that is based on the idea of "mind control". We will be using a "Human-Human Interface" muscle-controller set from the company Backyard Brains (<u>https://backyardbrains.com/products/HHI</u>) to record and stimulate electrical activity in the muscles. Because this demonstration uses electrodes and mild electrical stimulation, we need parent / guardian permission if you want to participate.

In this demonstration, one person will act as a "controller" and one person will act as a "receiver". Both people will have electrode pads (basically, stickers with a metal bit) on an arm, connected with wires to the HHI kit. The "controller" can flex their arm, transmit the electrical signal through the kit, and make the "receiver" flex their arm without consciously trying to! It's a cool demonstration of electrophysiology, and it'll be fun to watch your teachers mind-control each other.

We want to open up this demonstration to students directly, but we want to warn you about potential risks associated with the demo. Because we are using electrical stimulation, there may be some minor pain associated with being a "receiver", but this is no more painful than a mild static shock (like in the winter). The amount of electricity delivered to "receivers" is increased little by little up from 0 up to the smallest amount needed to contract your muscles. Students may volunteer to be a "controller" or "receiver", but ONLY with parent / guardian permission, and may stop volunteering at ANY time for ANY reason.

If you have any questions, please feel free to ask us during class! Backyard Brains has more detailed methods and background if you are interested in learning more at: https://backyardbrains.com/experiments/humanhumaninterface

Check one box only:

I do NOT have permission to touch electrodes, and I will NOT be a "controller" or "receiver"
I have permission to be a "controller" but NOT a "receiver"
I have permission to be both a "controller" and a "receiver". I understand and accept the potential for minor pain associated with electrical stimulation.

Student Name

Student Signature

Date

Parent / Guardian Name

Parent / Guardian Signature

Date