

CLASS PROJECT DATA COLLECTION INFORMED CONSENT FORM

Please read this document carefully before you decide to participate in this class project data collection. **Your participation is voluntary, and you can decline to participate, or withdraw consent at any time, with no consequences.**

Project Personnel:

[Diksha Verma dverma@ufl.edu
Jotsna Gowda Jotsna.gowda@ufl.edu]

Purpose of the data collection:

This data collection is for a class project, CIS4930/CIS6930 Human-Centered Input Recognition Algorithms (HCIRA), being taught in Spring 2023 by Dr. Lisa Anthony (lanthony@cise.ufl.edu). This data will not be used or shared outside of the class context.

What you will be asked to do:

You will be asked to enter 10 examples of each of 16 gesture types, consisting of common shapes and symbols, in an application with the mouse/touch input. This should take about **20 minutes**.

Risks, benefits, and confidentiality:

There are no risks or discomforts anticipated during your participation. You may take breaks at any time. There are no direct benefits of participation for you, but the data you provide will be used by the project personnel to test and modify gesture recognition algorithms. All data collected for this project will be anonymized and your name will not be associated with the data.

Withdrawal from the study:

You are free to withdraw your consent and to stop participating in this study at any time without consequence. If you withdraw, your data will be deleted and not used for any future purposes.

If you wish to discuss the information above or any discomforts you may experience, please ask questions now or contact one of the research team members listed at the top of this form.

Agreement:

I have read the information described above. I voluntarily agree to participate in the data collection and I have received a copy of this description.

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|---------------------------|--------------------------------|--------------------|
| ____ Sakshi Saoji ____ | ____ SS ____ | ____ 20-04-23 ____ |
| Participant Name | Participant Signature | Date |
| ____ Diksha Verma ____ | ____ Diksha ____ | ____ 20-04-23 ____ |
| Name of Project Personnel | Signature of Project Personnel | Date |