

REDBACK OPERATIONS WEARABLE DEVICE CONSENT FORM

Introduction

This consent form is designed for participants involved in the testing and usage of the wearable device developed by Redback Operations. This device is intended to assist elderly individuals by monitoring vital health indicators such as heartbeat, temperature, and oxygen levels. Your participation is voluntary, and you have the right to withdraw at any time without penalty.

Purpose of the Study

The purpose of this study is to evaluate the effectiveness, accuracy, and user friendliness of the wearable device in a real-world setting. Feedback obtained will be used to enhance the device's functionality and usability.

Procedures

If you agree to participate in this study, you will be asked to:

- Wear the device for a specified period.
- Allow the device to monitor and record your health data.
- Provide feedback on the device's comfort, usability, and any other observations you may have.

Risks and Discomforts

While we do not anticipate any significant risks, potential discomforts may include skin irritation from the device's materials and emotional discomfort from continuous health monitoring. Measures have been taken to minimize these risks.

Benefits

Participants may not directly benefit from this study. However, your participation is invaluable in helping develop a device that could significantly enhance the quality of life for elderly individuals by providing real-time health monitoring.

Confidentiality

Your data will be kept confidential to the extent provided by law. Only the research team will have access to your information, and any publications or presentations resulting from this study will use only aggregated data and will not identify you personally.

Contact Information

If you have any questions or concerns about the study or your participation, please contact Redback Operations.

Consent

I have read this consent form (or it has been read to me) and I fully understand the contents of this document and voluntarily consent to participate in this study. All my questions have been answered to my satisfaction, and I understand that I can withdraw at any time without penalty. I agree to the monitoring and recording of my health data as described above.

Participant's Signature Date

Printed Name of Participant Date

For Participants Unable to Consent

If the participant is unable to consent due to cognitive or other impairments, a legal guardian or authorized representative may sign below:

Signature of Legal Guardian/Representative Date

Printed Name of Legal Guardian/Representative Date