**The First Time Interacting:**

**Cognitive load in Mixed Reality Interactions  
Researchers**

**Rick van Ham**, Master Game Technology, Breda University of Applied Sciences

**Signature**

By signing this informed consent form, you voluntarily agree to participate in this study. Signing this form does not interfere with your right to withdraw from this study at any time without an explanation.

By signing this informed consent form, I (the participant) confirm that I have read and understood the entire information letter and confirm that:

* I have read and understood the entire information letter that belongs to this study.
* I have been given the opportunity to ask questions about the study

and that these questions were answered to my complete satisfaction.

* I had sufficient time to decide whether I would participate or not.
* I know that participation is completely voluntary.
* I know that the duration of the study is one hour.
* I know I can decide to withdraw from the study at any time, without any negative consequences and without providing any explanation.
* I know I have the right, in principle, to request access to and rectify, erase, restrict or object to the processing of my personal data.
* I know that my research data will be recorded and will be presented in the thesis in an anonymized way.
* I know that my research data will be processed as described in the information letter and only the researcher team have access to this data.
* I give permission to use my research data for the purposes that are mentioned in the information letter that belongs to this study.

I hereby voluntarily agree to participate in the study:

The First Time Interacting: Cognitive load in Mixed Reality Interactions

Name participant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by the researcher(s):

Participant ID:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session ID:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location & Time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that I have fully informed the above-mentioned participant about this study.

Name researcher:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_