Informed Consent Agreement to Participate In Usability Study of WSU WayFinding

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new software created as part of the above persons' (henceforth Washington State University. Your participation in this usability test is strengths and weaknesses. You have been asked to spend about 25 some or all of the following things: Reading aloud and studying brief task description. Interacting with a computer. interacting with the researchers and/or other strengths.	will help the researchers to better understand the software's minutes participating in this test. This will involve your doing ns.
thinking aloud (explaining what you're doing andfilling out questionnaires.	o tninking), and
The researchers will record the session on videotape. Although your your name will not be on the recording. The recordings will be view 443/543 at Washington State University in order to fulfill a course reclass, they will not use your name.	ved only by the instructor and students affiliated with CptS
<u>Risks and Benefits Expected</u> : The study will not incur any risks be computer. The study is not expected to help you directly. The resu software.	
<u>Confidentiality</u> : Any information about you that is obtained from this name will be kept in a locked file and only the researchers will have and in reports of the study.	
Right to Refuse or End Participation: You may refuse to participate in	n this study or stop participating at any time.
<u>Certification:</u> By signing below, you certify that you have read and that you understand the foregoing, that you have been given satisfactory answers to your inquiries concerning projects procedures and other matters, and that you have been advised that you are free to withdraw your consent and to discontinue participation in the usability test at any time.	
You herewith give your consent to participate in this test with the understanding that such consent does not waive any of your legal rights, nor does it release the researchers or any agent thereof from liability for negligence. You understand that you shall remain anonymous in all written and verbal reports of this test. You will be given a copy of this form to keep.	
Chenyan Zhu	04/19/2022
Signature of participant	Date
SHCNGYA ZHANG	04/19/2022
Signature of researcher	Date

(If you cannot obtain satisfactory answers to your questions or have comments or complaints about your treatment in this test, contact Professor Daniel Olivares, Washington State University, daniel.olivares@wsu.edu.)