

Consent Form

I,

(Last Name, First Name)

Confirm, that I received this consent form for the study:

„Exergaming for Occupational Hand Therapy using Leap Motion“

- ✓ I was sufficiently informed orally and/or in writing about the scientific investigation.
- ✓ I agree that data about me will be collected and recorded anonymously as part of the study. It is guaranteed that my personal data will not be passed on to third parties. When published in a scientific newspaper, the data will not reveal who participated in this study.
- ✓ I know that I can revoke my declaration of consent at any time, without giving reasons, without this having negative consequences for me.
- ✓ I agree with the procedure described above and confirm this with my signature.

(Date)

(Signature)