A.G.S Playtest Consent Form

**1. EXPLANATION OF THE RESEARCH and WHAT YOU WILL DO:**

You are being asked to participate in three playtests in which you will attempt to utilize the Prototype, Alpha, and Beta build of an Agile Grapple-Based Movement System for Virtual Reality environments that is being developed by Zoravar Lalli for BCIT’s COMP 8047 Major Project course.  
  
You will be instructed on how to wear and use an Oculus Quest II and what the controls are for certain actions in the system.

You will be loaded into a build of the system for you to test for up to 30 minutes, potentially with a certain goal in mind like traversing between specific points or just to attempt to move around.

You will be asked to “think aloud”, describing your thoughts, questions, and

emotions while you test the system’s functionality.

The student for whom you are playtesting will observe your play session. Your play session may be recorded as per the grading requirements of the course assessment.  
  
Upon completion of the test you will be asked to complete a short survey containing relevant questions regarding your testing experience.

You must be at least 18 years old to participate in this research.

**2. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:**

Participation in this playtest is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific

questions or to stop participating at any time.

**3. CONTACT INFORMATION FOR QUESTIONS AND CONCERNS:**  
*Zoravar Lalli:* [*lallizora@gmail.com*](mailto:lallizora@gmail.com)

**4. CONFIRMATION OF INFORMED CONSENT.**

You indicate your voluntary agreement to participate by telling the game designer that you agree to participate in the playtest and signing below. By signing this form you also consent to having your play session recorded for grading purposes.

You may request a copy of this consent form for your records.

Tester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tester Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_