**Participant Consent Form**

Project Title: XR Puzzle Assembly  
Researcher Name & Contact: Dev Kansana  
Date: *23 October 2025*

**About This Study**

You are invited to participate in a research session to help us evaluate an interactive XR (Extended Reality) prototype. Your feedback will help us improve the system’s design and usability. Taking part is voluntary, and you can stop or leave at any time without penalty.

**What Will Happen**

* You will be asked to interact with a digital prototype and provide feedback.
* The session will be [audio/video/screen] recorded to help us analyze your experience.
* No personally identifying information will be shared publicly.

**Your Rights**

* You can ask questions at any time.
* You may withdraw from the session at any point, for any reason, without giving a reason.
* Your data will be kept confidential and used only for research purposes.

**Consent**

Please check each box to consent:

* ☐ I have read and understand the above information.
* ☐ I agree to participate in this session.
* ☐ I agree to the session being [audio/video/screen] recorded.

Participant Name:

Bo Wang  
Shraddha Nair  
  
Date: *23/10/2025*

Researcher Signature: \_\_\_\_\_\_\_\_Dev Kansana\_\_\_\_\_\_\_\_\_\_\_\_\_