

Informed Consent

Description

Any person who participates in a scientific study should give their informed consent. In the following, you will be informed about the study. Participation in the study is voluntary and can be canceled at any time without notice for any reason. Whenever you have any questions, please contact the experimenter at any time.

System

During the experiment you will wear an HMD (Head-Mounted Display), which makes three dimensional virtual worlds visible. The HMD covers your whole vision; you can only see the virtual world. If this makes you feel uncomfortable at any time of the experiment you can just take the HMD off your head or ask the supervising person to help you and cancel the experiment.

Participation and Course

The duration of the study will be approximately 20 minutes. After a short introduction, you are asked to fill out a questionnaire regarding personal details. Before and at the end you will be asked to answer further questionnaires.

While using the system and performing tasks, there may be side effects, such as dizziness or discomfort. The occurrence of these effects depends on many factors, but also differs greatly between persons.

Should these or any other effect become too uncomfortable at any time during the study, or if you want to cancel the study for other reasons, you can do so at any time.

If such or similar effects persist after the study, please refrain from driving a car or operating machinery for some time until you feel better.

Anonymity and Privacy

All data will be kept strictly confidential, stored anonymously and safely, and not disclosed to third parties. They will be summarized and anonymously published in scientific publications. The analysis and publication of data is solely anonymous.

Rights of participants

If you have read this form and decided to participate in this study, your participation remains voluntary and you have the right to withdraw your consent and abort your participation at any time. You have further the right not to answer specific questions.

Your signature indicates that you have been informed about this study and your questions were answered and that you agree to participate in this study.

By signing this document I agree to the above terms and conditions.

Name: _____

Date: _____ Signature: _____