Participant Nr:

Consent Form

I agree to participate in the study conducted by TU Wien.

I understand that participation in this usability study is voluntary and I agree to immediately raise any concerns or areas of discomfort during the session with the study administrator.

I understand that my participation is voluntary, and that I can stop or withdraw my consent at any time.

I understand the instructions for the use of the virtual reality device that were given for my own safety.

All data collected will only be used for purposes of this study.

All data is anonymized.

Video of the Application in use will be recorded.

Please sign below to indicate that you have read and you understand the information on this form and that any questions you might have about the session have been answered.

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

Please print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!

Your participation is appreciated.