

Audio Augmented Reality Evaluation Consent Form

	Initial
I agree to participate in this experiment.	
I agree that the data from this experiment will be used in this research project.	
I consent to this evaluation being audio recorded and later analysed by the evaluator.	
I understand that all data provided during this experiment will be anonymised and stored securely until it is no longer needed for the purposes of this project.	
I understand that I have the right to withdraw from this experiment at any time and for any reason by informing the evaluator.	

Participant name	
Participant signature	
Date signed	

Evaluator name	
Evaluator signature	
Date signed	