

Study Consent Form - Evaluation Study

Project title: Haptic Animation Tools

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The purpose of this study is to gather feedback to inform the design of haptic (sense of touch) design tools. We will ask you to talk about your experiences with haptic sensations, devices, and related technologies and training. We may ask you to interact with one or more haptic devices, such as the vibrations found in smartphones. We may also ask you to interact with a device for controlling these haptic devices, and ask you to create, manipulate, or describe haptic sensations.

You may refuse or skip any tool, task, or question.

REIMBURSEMENT: We are very grateful for your participation, however, **you will not receive any compensation for this session.**

TIME COMMITMENT: 1 x 60 minute session

RISKS & BENEFITS: This experiment contains no more risk than everyday computer use. There are no direct benefits to participants.

CONFIDENTIALITY: *You will not be identified by name in any study reports. Any identifiable data gathered from this experiment will be stored in a secure, password protected location.*

VIDEO/AUDIO: *You may be asked for audio or video to be recorded during this session. You are free to say no at any time.*

I agree to have AUDIO recorded: ☐ Yes ☐ No

I agree to have VIDEO recorded: ☐ Yes ☐ No

You understand that the experimenter will ANSWER ANY QUESTIONS you have about the instructions or the procedures of this study. After participating, the experimenter will answer any other questions you have about this study. **Your participation is entirely voluntary** and you may refuse to participate or withdraw from the study at any time without jeopardy. Your signature below indicates that you have received a copy of this consent form for your own records, and consent to participate in this study.

You hereby CONSENT to participate and acknowledge RECEIPT of a copy of the consent form:

PRINTED NAME _____ DATE _____

SIGNATURE _____