

# Informed Consent Form

**STUDY TITLE:** Usability Testing of Baggage Packing Assistant Application

**DESCRIPTION:** You are invited to participate in a research study on Baggage Packing Assistant Application. This application provides travelers a delightful baggage packing experience that assist and aid them in packing and arranging their baggage by guiding them to be compliant to the airline policies (baggage weight and size) and destination country's customs rules and regulations (prohibited items).

**Purpose of this research is to ensure that this application meets the needs identified during the first assignment. It will also allow us third party reflection and suggestions for tweaks to the design. Also, please remember that - feedback is not criticism, feedback is not personal.**

**TIME INVOLVEMENT:** Your participation will take approximately 15 minutes.

**RISKS AND BENEFITS:** There are no risks associated with this study. The benefits which may reasonably be expected to result from this study are that you would have helped G [REDACTED] h pass his Human Computer Interaction course. **We cannot and do not guarantee or promise that you will receive any benefits from this study.** Your decision whether or not to participate in this study will not affect our friendship.

**PAYMENTS:** You will not receive any payment for your participation.

**SUBJECT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate.** You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

**CONTACT INFORMATION:**

**Questions:** If you are not satisfied with how this study is being conducted, or if you have any questions, concerns or complaints about this research, its procedures, risks and benefits, or your rights as a participant, please contact the user testing supervisor G [REDACTED] , [REDACTED].

**Appointment Contact:** If you need to change your appointment, please contact G [REDACTED] u at 0 [REDACTED] 6.

I give consent to be audiotaped during this study:

Please initial: ☐ YES ☐ NO

I give consent to be videotaped during this study:

Please initial: ☐ YES ☐ NO

**SIGNATURE:**

**DATE:**

Note: **The extra copy of this consent form is for you to keep.**