

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you are free to ask them now. If you have questions regarding your rights as a research participant, or you experience adverse effects as the result of participating in this study, you can contact with the researcher directly by telephone at 017683581082 or via the following email address uhelt@student.kit.edu.

VOLUNTATION PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher and the institution. If you withdraw from the study, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's Name (printed) _____

Participant's Signature _____

Date _____