

ROUND 1

Consent form:

I agree to participate in the study conducted and recorded by

__Macy Chong_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____07/10/19_____

Please print your name:

___Macy Chong_____

Consent form:

I agree to participate in the study conducted and recorded by
_Nancy Nguyen_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____08/10/19_____

Please print your name:

____Nancy Nguyen_____

Consent form:

I agree to participate in the study conducted and recorded by
_Amalie Judd_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____11/10/19_____

Please print your name:

___Amalie Judd_____

Consent form:

I agree to participate in the study conducted and recorded by
_Sumedha Dommatmari_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____12/10/19_____

Please print your name:

____Sumedha Dommatmari_____

Consent form:

I agree to participate in the study conducted and recorded by
_Ebony McCue-Shore_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____13/10/19_____

Please print your name:

____Ebony McCue-Shore_____

Consent form:

I agree to participate in the study conducted and recorded by
_Quisha Patel_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____13/10/19_____

Please print your name:

___Quisha Patel_____

ROUND 2

Consent form:

I agree to participate in the study conducted and recorded by

__Penny Ou_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____16/10/19_____

Please print your name:

___Penny Ou_____

Consent form:

I agree to participate in the study conducted and recorded by
_Katja Lehner_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____17/10/19_____

Please print your name:

____Katja Lehner_____

Consent form:

I agree to participate in the study conducted and recorded by
_Kaitlyn Briden_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____18/10/19_____

Please print your name:

____Kaitlyn Briden_____

Consent form:

I agree to participate in the study conducted and recorded by
_Liza Khamitova_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____18/10/19_____

Please print your name:

___Kaitlyn Briden_____

ROUND 3

Consent form:

I agree to participate in the study conducted and recorded by
_Georgie Richardson_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date: _____20/10/19_____

Please print your name:

____Georgie Richardson_____

Consent form:

I agree to participate in the study conducted and recorded by
_Greta Schaffer_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____21/10/19_____

Please print your name:

__Greta Schaffer_____

Consent form:

I agree to participate in the study conducted and recorded by
_Savvena Christoforou_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____21/10/19_____

Please print your name:

__Savvena Christoforou_____

Consent form:

I agree to participate in the study conducted and recorded by
_Galina Betzis_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____22/10/19_____

Please print your name:

___Galina Betzis_____

Consent form:

I agree to participate in the study conducted and recorded by
_Taiya Bukovsky_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____22/10/19_____

Please print your name:

__Taiya Bukovsky_____

Consent form:

I agree to participate in the study conducted and recorded by
__Arushree Sharma_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____23/10/19_____

Please print your name:

__Arushree Sharma_____

Consent form:

I agree to participate in the study conducted and recorded by
_Maddy Gallagher_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____23/10/19_____

Please print your name:

__Maddy Gallagher_____

Consent form:

I agree to participate in the study conducted and recorded by
_Tuva Solland_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____23/10/19_____

Please print your name:

__Tuva Solland_____

ROUND 4

Consent form:

I agree to participate in the study conducted and recorded by
_Maria Tarasova_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____26/10/19_____

Please print your name:

__Maria Tarasova_____

Consent form:

I agree to participate in the study conducted and recorded by
_Kyana Chan_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____27/10/19_____

Please print your name:

__Kyana Chan_____

Consent form:

I agree to participate in the study conducted and recorded by
_Megan Evers_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____28/10/19_____

Please print your name:

__Megan Evers_____

Consent form:

I agree to participate in the study conducted and recorded by

__Mika Nguyen_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____28/10/19_____

Please print your name:

__Mika Nguyen_____

Consent form:

I agree to participate in the study conducted and recorded by
_Tiannan Pennini_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____28/10/19_____

Please print your name:

__Tiannan Pennini_____

Consent form:

I agree to participate in the study conducted and recorded by

__Amber Rae_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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 confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____29/10/19_____

Please print your name:

__Amber Rae_____

Consent form:

I agree to participate in the study conducted and recorded by
_Jazmine Borri_____.

I agree to:

- The session being audio/video-recorded (cross out as appropriate)
- The use of photographs and video recordings for the purpose of documenting the findings from this study

I understand that the information collected in this study is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording.

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I confirm that I have read and understand the information on this form and that any questions I might have about the session have been answered.

Date:_____29/10/19_____

Please print your name:

__Jazmine Borri_____