

Master Thesis Research
Exploring Virtual Reality Player Experience

Participant Consent form

This experiment is carried out by Marcello Gómez Maureira, a Master student from Leiden University under the supervision of Fons J. Verbeek. The data collected in this experiment will be used for scientific publication(s) and the creation of a database of experimental results.

Recordings

We may record video and audio of your experiment session to evaluate the research procedure and for documentation purposes. These recordings will be kept in a safe place and will only have your participant ID attached; never your name. If you do not want to be recorded, please leave the appropriate checkbox below unchecked.

| | |
|---|--------------------------|
| I agree that video and audio recordings of me will be made and that these recordings will be kept for research and documentation purposes. I am aware that although my name and personal data will not be included, I may be recognizable in the recordings to people who know me well. | <input type="checkbox"/> |
|---|--------------------------|

Withdrawal

You also have the right to withdraw at any time during or after this experiment. There are no consequences to withdrawing.

Your protection

This consent form will be stored securely and separately from any recordings made, so your participant ID cannot be matched to any analysis or transcriptions. If you have any questions at a later point in time, you can contact Marcello Gómez Maureira at ma.gomezmaureira@gmail.com. You will receive a debrief sheet with this information and your participant ID.

Consent

If you have any questions, please ask them now. If you wish to go ahead and take part, please tick all boxes below and sign this form to confirm that you understand what you have read.

| | |
|---|--------------------------|
| I confirm that I have read and understood all of the information above, and I have had the opportunity to ask any questions I might have. | <input type="checkbox"/> |
| I confirm that I have fully read and understood the game rules, controls, and research explanations | <input type="checkbox"/> |
| I understand that my participation is entirely voluntary, and that I am free to withdraw at any time without having to give a reason. | <input type="checkbox"/> |
| I confirm that I do not have (had) epilepsy. | <input type="checkbox"/> |
| I agree to take part in this study. | <input type="checkbox"/> |

Participant's Name: _____

Signature: _____

Date: _____

Researcher's Name: Marcello Gómez Maureira

Supervisor: Fons J. Verbeek