

## Consent Form

The [TEAM NAME HERE] research is being conducted as part of the coursework for the University of Washington Computer Science course "CSE 464: Advanced Topics in Computer Animation". Participants in experimental research provide data that is used to [evaluate and modify] [APPROPRIATE PHRASING HERE]. Data will be collected by [INTERVIEW, OBSERVATION, and QUESTIONNAIRE].

Participation in this experiment is voluntary. Participants may withdraw themselves and their data at any time without fear of consequences. Concerns about the experiment may be discussed with the researchers ([TEAM MEMBERS NAMES HERE]) or with Barbara Mones, the instructor of CSE 464:

Barbara Mones  
Computer Science & Engineering  
University of Washington  
206 – 685 – 8081  
mones at cs dot washington dot edu

Participant anonymity will be provided by the separate storage of names from data. Data will only be identified by participant number. No identifying information about the participants will be available to anyone except the researchers and their supervisors.

I hereby acknowledge that I have been given an opportunity to ask questions about the nature of the experiment and my participation in it. I give my consent to have data collected on my usage and opinions in relation to the [TEAM NAME HERE] experiment. I understand I may withdraw my permission at any time

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness name \_\_\_\_\_

Witness signature \_\_\_\_\_