

Consent Form (only for reference)
(Please fill in and sign the German copy)

BCI study (studies with human subjects in the third-party project M³S)

Name of participants: Ms / Mr

Date of Birth
(Legal age Yes No)

To be completed by the subjects

Please cross

Yes No

Have you read and understood the Information Sheet v2.5?

Do you suffer from epilepsy or you have been diagnosed by any similar diseases?

Have you ever had an allergic reaction to the electrode gel or other contact allergy?

Did you have the possibility to ask questions and to discuss the study in advance?

Did you receive satisfactory answers to all your questions?

Are you aware that you have the option to cancel this study at any time and without giving a reason?

With whom did you speak?

- Prof. Dr. Volosyak Mr. Gembler Mr. Stawicki Mr. Saboor
 Mr. Benda Ms. Rezeika

Do you agree to take photographs and/or videos of you which may be published in publications or on the Internet?

Do you agree to participate despite any risks in this study?

I agree to carry out the study. I have received sufficient information and voluntarily participate in this study.

Subject's Signature..... Date:

Common questions have been answered clearly and in detail. A copy of the consent form was delivered to the subject.

Experimenter's Signature..... Date:

Name in block capitals.....