**PD4T Dataset Access Request Form**

Please fill out this form with your details to request access to the PD4T dataset. Note that **an academic affiliation is necessary** because the database is only available to researchers from not-for-profit educational institutions (colleges, universities, or international equivalents). Also note that **only faculty members can request for their team to be granted access** to the database, so students and trainees (including post-docs) need a faculty member to submit a request on their behalf.

By submitting this form, you agree to comply with the usage guidelines as stated below.

**Consent Agreement:**

I agree with the following terms for accessing the dataset:

* I will use the images/videos for non-commercial research and teaching purposes only.
* I will not provide the dataset to second parties and will not place the dataset, in whole or in part, on any publicly accessible platforms.
* I will utilize the dataset in projects designed to improve the accuracy of action performance and/or advance understanding of the effects of Parkinson's on individuals and to improve clinicians' abilities to manage patient care.
* I will not reproduce the images/videos in electronic or print media except for presentations at academic conferences.
* I will cite the paper below\* in any publications and/or presentations that use this dataset and present results on it.:

**\* Paper to cite:**

A. Dadashzadeh, S. Duan, A. Whone, and M. Mirmehdi, *PECoP: Parameter Efficient Continual Pretraining for Action Quality Assessment,* IEEE/CVF Winter Conference on Applications of Computer Vision (WACV), 2024

**Please Provide Your Details Below:**

Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By typing my full name below, I acknowledge that I have read and agree to the terms outlined in this consent agreement.

Typed Full Name of Faculty in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_