



# University of Glasgow | Faculty of Engineering

Centre Number: \_\_\_\_\_

Project Number: \_\_\_\_\_

Subject Identification Number for this trial: \_\_\_\_\_

## CONSENT FORM

Title of Project: Measuring Brain and Muscle Activity

Name of Researcher(s): \_\_\_\_\_

Please initial \_\_\_\_\_

I confirm that I have read and understand the information sheet dated (version \_\_\_\_\_) for the above study and have had the opportunity to ask questions.

I am happy for videos and pictures to be taken during the experiment.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

I agree to take part in the above study.

Name of subject \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Person taking consent (if different from researcher) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

College of MVLS 1 May 2013 (lh)  
Ethics Committee

## MODEL RELEASE FORM

for the film EMG/EEG measurements (working title)

For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize the use and reproduction by the University of Glasgow, or anyone authorized by you, of any and all film footage and/or still photographs taken of me. I hereby agree to allow film footage and/or photographs of me to be published by the University of Glasgow. I hereby give the unrestricted right and permission to copyright and use, re-use, publish, and republish photographs or pictures of me or in which I may be included without restriction as to changes or reproduction hereof in colour or otherwise, made through any and all media now or hereafter known for illustration, art, promotion and advertising. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

### Model Information

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ County: \_\_\_\_\_

Country: \_\_\_\_\_ Post/Zip Code: \_\_\_\_\_

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

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

(by signing this I confirm I am the model in photograph)

Parent/Legal Guardian's/ signature if model is under 18

Signature: \_\_\_\_\_ Name:(print) \_\_\_\_\_

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

(by signing this I confirm I am the parent/ legal guardian of the named minor)

Witnessed by

Signature: \_\_\_\_\_ Name:(print) \_\_\_\_\_

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

(by signing this I confirm that I have witnessed the parent/ legal guardian of the named minor sign this form)

For Office Use

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_