CONSENT FORM

**Title of Project:** Smart EEG Electrodes

**Name of Researcher:** Dr. Bernd Porr

**Name of Investigator**: Henry Cowan

### Please initial box

Iconfirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions:

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 understand what will happen to my data after the experiment:

I consent to (select 1):

* Both my EEG and (**non anonymized**) video being recorded and published as part of a publicly available database:
* Only my EEG being recorded and published as part of a publicly available database:

I agree to take part in the above study:

#### Name of subject Date Signature

#### Name of person taking consent Date Signature

(if different from researcher)

#### Name of researcher Date Signature