

## ADULT PARTICIPANT INFORMED CONSENT

### *FoldAR – Gesture Analytics Using Apple Vision Framework*

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**STUDENT INVESTIGATOR(S):**

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**CONCISE STATEMENT OF STUDY**

This research study is aimed answer gaining a better understanding of how hand gestures are tracked using Apple's Vision Framework. This research study will take no more than 5-10 minutes. There are minimal risks to no risks associated with participating in this study. We hope that this research will benefit overall understanding of how hand movements and gestures are tracked in augmented reality applications. You can find more details on this study following in the body of this consent form. If you are interested in continued discussion about presentation, we would like to discuss more with you through this consent presentation.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of this research study is to gain an understanding of how hand gestures are tracked using Apple's Vision Framework.

**WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?**

You have been identified as being capable of participating in the study.

**WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?**

At the location of signing and no more than five to ten minutes.

**WHAT WILL I BE ASKED TO DO?**

If you volunteer to take part in this study, you will be asked to do the following:  
Fold several pieces of paper with various visual constraints while your hands are being recorded using our hand tracking software running on an iPhone.

**ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?**

There may be no direct benefit to you as a participant in this study. However, we hope to learn more about hand tracking using Apple's Vision Framework.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

While the level of risk is minimal, you will be working with paper and should take care not to cut or injure yourself.

**WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?**

*You will not be compensated for taking part in this research.*

**WHO WILL SEE THE INFORMATION THAT I GIVE?**

All information gathered in this study will be kept as confidential as possible. Your privacy is very important to us, and the researchers will take every measure to protect it. Your information may be given out if required by law; however, the researchers will do their best to make sure that any information that is released will not identify you. No reference will be made in written or oral materials that could link you to this study. For this study, we will assign a code to your data so that the only place your name will appear in our records is on the consent form. Only members of the research team will have access to any information associated with this study. All records will be stored in an encrypted, cloud-based storage system at CSU until no later than December 15<sup>th</sup>, 2023. After the storage time, the information gathered will be destroyed.

There are organizations that may inspect research records that may include yours. These organizations are required to make sure your information is kept private, unless required by law to provide information. Some of these organizations are:

- For funded studies, the CSU financial management team may request an audit of research expenditure, in which only your participation in the research may be shared, but not your research data.
- The Colorado State Institutional Review Board, IRB, is a group of people who review the research with the goal of protecting the people who take part in the study.
- Office of Human Research Protections.

**WILL MY DATA BE USED FOR FUTURE RESEARCH?**

No.

**DO I HAVE TO TAKE PART IN THE STUDY?**

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with CSU. You are encouraged to ask questions about this study at the beginning or any time during the research study.

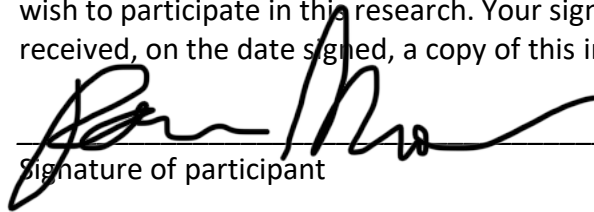
**WHO TO CONTACT**

For questions or concerns about the study, you may contact any of the student investigators listed on page 1 at their CSU email addresses.

For questions regarding the rights of research subjects, any complaints, or comments regarding the manner in which the study is being conducted, contact the CSU Institutional Review Board at: [CSU\\_IRB@colostate.edu](mailto:CSU_IRB@colostate.edu).

**PARTICIPANT CONSENT:**

Your signature acknowledges that you have read the information stated and voluntarily wish to participate in this research. Your signature also acknowledges that you have received, on the date signed, a copy of this informed consent document containing 3 pages.



Signature of participant

11/22/2023

Date

\_\_\_\_\_  
Name of participant

Tom Cavey

Signature of person obtaining informed consent

11/22/2023

Date

Tom Cavey

\_\_\_\_\_  
Name of person obtaining informed consent