


Written consent statement for participation in the research project

(copy for the volunteer)

- Please read this form carefully.
- Feel free to ask questions when you don't understand something or want a clarification.

Project BASEC number : (after submission to the competent ethics committee)	
Project title :	Emotion recognitions from facial expressions in virtual reality
Institutions in charge:	Immersive interaction group, EPFL
Location of the project :	Immersive interaction group, INJ 118, EPFL
Director of the project on site:	Nana Tian & Dr. Ronan Boulic
Participant: Surname and first name in print: Birth date 	<input type="checkbox"/> female <input type="checkbox"/> male

I hereby certify that I have been informed about the unfolding and objectives of the study, namely:

- I declare that I have been informed by the investigator, orally and in writing, about the objectives and the progress of the project as well as the hypothesized effects, its possible advantages and disadvantages, as well as any potential risks involved.
- I am participating in this study voluntarily and I accept the contents of the information sheet given to me on the aforementioned project. I had enough time to make my decision.
- I received satisfactory answers to the questions I asked in connection with my participation in the project. I will keep the information sheet and will receive a copy of my written consent statement.
- I accept that competent specialists of the institutions in charge, the project representatives and the Ethics Commission competent for this study, may consult my raw data for the purpose of carrying out checks, provided that the confidentiality of these data be strictly insured.

- In case of accidental discoveries,
 - a) ☐ I wish to be informed in any case,
 - b) ☐ I do not want to be informed
 - c) ☐ I want the following person to be informed:
- I know that research data in coded form will be uploaded to a fully open database and might be used for other research purposes outside the scope of this project.
- I can, at any time and without having to justify myself, revoke my consent to participate in the study, without this having any adverse consequences what so ever.
- I am informed that insurances will cover any damages attributable to the project that I may suffer.
- I am aware that the obligations mentioned in the information sheet for participants must be respected throughout the duration of the study. The investigators can exclude me at any moment in the interests of my health.
- I confirm that I do not have an epileptic history.

I therefore agree to participate in the aforementioned study.

Location, date	Signature of the participant
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Certification of the Investigator/ Information Provider: I hereby certify that I have explained to the participant the nature, significance and scope of the project. I declare that I fulfill all the obligations related to this project in accordance with the law in force. If, at any time during the project, I become aware of anything that may affect the participant's consent to participate in the project, I undertake to inform the participant immediately.

Location, date	Surname and name of the investigator / information provider in print.
	Signature of the investigator / information provider