

Principal Investigator

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Study on Gesture Biometrics

PARTICIPANT CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: CS_C1A_19_043_004

Purpose of Study: The goal is to evaluate the extent to which users can be distinguished from one another by their wrist and finger readings as they perform certain tasks while wearing a smartwatch and smart ring.

*Please initial
each box*

- | | | |
|---|---|--------------------------|
| 1 | I confirm that I have read and understand the information for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time within 30 days of participating, without giving any reason, and without any adverse consequences or penalty. | <input type="checkbox"/> |
| 3 | I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data. | <input type="checkbox"/> |
| 4 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. | <input type="checkbox"/> |
| 5 | I understand who will have access to personal data provided, how the data will be stored, and what will happen to the data at the end of the project. | <input type="checkbox"/> |
| 6 | I understand how this research will be written up and published. | <input type="checkbox"/> |
| 7 | I understand how to raise a concern or make a complaint. | <input type="checkbox"/> |
| 8 | (OPTIONAL) I agree to being recorded as I perform certain gestures. I understand that the recordings will be destroyed when the study ends and will not be published. | <input type="checkbox"/> |
| 9 | I agree to inform the researcher immediately if I develop symptoms of COVID-19 up to 5 days after my participation in the experiment and that the researcher will inform the University in accordance with their latest guidance. | <input type="checkbox"/> |

Name of participant

dd / mm / yyyy

Date

Signature

Name of person taking consent

dd / mm / yyyy

Date

Signature

At the end of the final session, you will receive £20 in Amazon vouchers for your participation in the study. Please date and sign below to confirm that you have received this:

dd / mm / yyyy _____
Date Signature