

If you subsequently have a complaint, please contact, Stefanos Zafeiriou

Study Title: **High Resolution Photo-Realistic Faces for Photorealistic Telepresence & Challenge**

Adult consent form

(for participants 18 and over)

Please put your initial to the boxes below to indicate that you agree to take part in the study and have:

- I have read and understood the Adult Participant Information Sheet. ☐
- For the above study I had the opportunity to consider the information and ask questions. ☐
- I had my questions answered fully. ☐
- I understand that my participation is voluntary and that I can withdraw from participating in the study (except where my data has been aggregated or anonymised) at any time without giving a reason and without my legal rights being affected (please see the 'contact us' section below). ☐
- Understood that your face will be recorded and stored as a set of facial images. ☐
- I understand that my facial images, questionnaire data and the personal details provided on this form will be stored securely at Imperial College. ☐
- The facial images and questionnaire maybe shared to other academic and/or research institutions and will be accessed only by authorized personnel at those organisations. ☐
- I understand that my data may also be used to design and train commercial systems. ☐
- I understand that my data may also be analysed and aggregated and shared by Imperial College. ☐
- I acknowledge that Imperial College may aggregate or anonymise my personal data and to the extent that it includes special categories of personal data, I hereby consent to such processing ☐
- I understand that I cannot withdraw my consent in respect of or otherwise prevent the processing of data that has been aggregated or anonymized whether by Imperial (i.e., data that does no longer directly or indirectly identify me). ☐

I consent to take part in the study

☐

Name of Participant _____

Signature _____ Date _____

E-mail _____

Anonymised ID of the participant in the study (to be completed by the Research Team) _____

☐ Please tick here if you wish to be sent a summary of the results of this experiment.

Person obtaining consent (if different from Principal Investigator):

Name _____ Position _____

Signature _____ Date _____

Principal Investigator:

Name _____ Position _____

Signature _____ Date _____

1 copy for participant; 1 copy for Principal Investigator

Contact Us.

For more information and to see the results of this study please visit our website:

<https://wp.doc.ic.ac.uk/szafeiri/photo-faces/>

If you wish to withdraw please contact S.Zafeiriou ([+447717564097/s.zafeiriou@imperial.ac.uk](mailto:s.zafeiriou@imperial.ac.uk))

