

## Lookit Access Agreement

The undersigned Institution wishes to allow its Authorized Investigator(s) identified below (“Authorized Investigators”) to access Lookit. Lookit is an online platform for conducting developmental research studies developed by MIT’s Early Childhood Cognition Lab.

By signing this Access Agreement, effective as of the date entered below, both the Institution and Authorized Investigators hereby agree to its terms, including those found on the Lookit Platform at <https://lookit.mit.edu/termsfuse>, and hereby acknowledge receipt of and agree to be bound by such terms. The Lookit Platform terms and conditions may be amended at any time; notice of material changes will be posted in the Lookit Slack workspace and sent to the lookit-terms-notifications mailing list (<https://mailman.mit.edu/mailman/listinfo/lookit-terms-notifications>). In addition, the Institution and Authorized Investigators hereby agree to use Lookit and data obtained through it exclusively for the purpose of scientific research or education under an academic, research, government, health, or commercial entity (but in the last case, solely for non-commercial purposes).

By signing this Access Agreement, the Institution verifies that (a) it maintains an ethics committee or Institutional Review Board with U.S. or U.K.-equivalent standards that reviews and approves research involving human subjects, (b) the person executing this Access Agreement on behalf of the Institution has the authority to do so, and (c) that the Institution accepts responsibility for its Authorized Investigators’ actions related to the use of Lookit.

By signing this Access Agreement, each Authorized Investigator agrees that (a) all studies conducted by the Authorized Investigator on Lookit will be approved by the Institution’s ethics committee or Institutional Review Board before beginning data collection and (b) the Authorized Investigator has ethics training that addresses human subjects policy and issues.

The Institution agrees that MIT bears no responsibility for the use of Lookit or the information contained within it. The Institution indemnifies and renders harmless MIT from all claims, losses, liability, and other damages that arise from the Institution’s or Authorized Investigators’ violations of this Access Agreement or use of the Lookit Platform. In cases where the Institution is prohibited by law from indemnifying third parties, the Institution agrees that it will be responsible for the payment of claims, including for loss, personal injury, death, property damage, or otherwise, arising out of any act or omission of its employees or agents in connection with the performance of this agreement for which it is held liable under applicable law.

The Institution agrees that additional Authorized Investigators affiliated with the Institution may add themselves to this agreement by emailing a copy of this agreement including the additional Authorized Investigators to Lookit ([lookit@mit.edu](mailto:lookit@mit.edu)) and to the Authorized Institution Representative at the address listed below.

As the Authorized Institution Representative (AIR), my signature below indicates that I have authority to bind my Institution under this agreement.

Institution: \_\_\_\_\_

Name & Title of AIR: \_\_\_\_\_

Signature of AIR: \_\_\_\_\_

Email address of AIR: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorized Investigators:

As an Investigator, I acknowledge that I have read and understand the terms of this agreement.

Name and title of Authorized Investigator: \_\_\_\_\_

Signature of Authorized Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

As an Investigator, I acknowledge that I have read and understand the terms of this agreement and that I agree to its terms.

Name and title of Authorized Investigator: \_\_\_\_\_

Signature of Authorized Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

As an Investigator, I acknowledge that I have read and understand the terms of this agreement and that I agree to its terms.

Name and title of Authorized Investigator: \_\_\_\_\_

Signature of Authorized Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

As an Investigator, I acknowledge that I have read and understand the terms of this agreement and that I agree to its terms.

Name and title of Authorized Investigator: \_\_\_\_\_

Signature of Authorized Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

As an Investigator, I acknowledge that I have read and understand the terms of this agreement and that I agree to its terms.

Name and title of Authorized Investigator: \_\_\_\_\_

Signature of Authorized Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

This page may be duplicated to allow for additional investigators to join the agreement