



## Consent Form

**Title of Research Study:** Comparison between Human Chess, LC0 and LC0 with fine-tuned parameters



**Principal Investigator:** Meet Chandreshkumar Shah, Dr Soren Riis

**Queen Mary Ethics of Research Committee Ref:** [\[Insert the reference number allocated to your research ethics application by the Research Ethics Facilitator\]](#).



Thank you for your interest in this research.

Should you wish to participate in the study, please consider the following statements. Before signing the consent form, you should initial all or any of the statements that you agree with. Your signature confirms that you are willing to participate in this research, however you are reminded that you are free to withdraw your participation at any time.

Statement	Please initial box
1. I confirm that I have read the Participant Information Sheet dated 29/10/2022 version 0.1 for the above study; or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	YB
2. I understand that my participation is voluntary and that I am free to stop taking part in the study at any time without giving any reason and without my rights being affected.	YB
3. I understand that my data will be accessed by Meet Chandreshkumar Shah, Dr Soren Riis	YB
4. I understand that my data will be securely stored in an external HDD and in accordance with the data protection guidelines of the Queen Mary University of London until 1/4/2023 in fully anonymised form.	YB
5. I understand that I can access the information I have provided and request destruction of that information at any time prior to 3 weeks after my participation date. I understand that following 3 weeks after my participation date I will not be	YB

able to request withdrawal of the information I have provided.	
6. I agree to take part in the above study.	

Participants should read [Queen Mary's privacy notice](#) for research participants which contains important information about your personal data and your rights in this respect. If you have any questions relating to data protection, please contact Data Protection Officer, Queens' Building, Mile End Road, London, E1 4NS or [data-protection@qmul.ac.uk](mailto:data-protection@qmul.ac.uk) or 020 7882 7596.

Yoe1 Gougsa	4/18/2023	
Participant name	Date	Signature
Yoe1 Gougsa	4/18/2023	
Name of person taking consent	Date	Signature

I, Meet Chandreshkumar Shah, confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant and provided a copy of this form.

**Principal Investigator (or Supervisor for student projects)**

Dr Soren Riis  
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**Student Investigator (if applicable)**

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