



INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Full Study Title: Real-time static gesture detection using Machine Learning

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INFORMED CONSENT

You are being asked to consider participating in a research study. A research study is a way of gathering information on treatment, procedure or program or to answer a question about something that is not well understood. This form explains the purpose of this research study, provides information about the study procedures, possible risks and benefits, and the rights of participants.

Please read this form carefully and ask any questions you may have. The researcher will explain this form and all information concerning the study to you verbally. Please ask the researcher to clarify anything you do not understand or would like to know more about. Make sure all your questions are answered to your satisfaction before deciding whether to participate in this research study.

Participating in this study is your choice (voluntary). You have the right to choose not to participate, and you have the right to withdraw from the study and stop your participation at any time. If you decide to stop participating, your data will be removed and there will be no consequences to you or the services you receive. Participate has right to withdraw or refuse at any time without penalty or consequence, with procedures to allow them to exercise their right.

For captive populations (e.g. students, employees, patients, prisoners) state that their future will not in any way be affected by participating or not participating in the study since these are students.

INTRODUCTION

The main objective of my study will help the deaf community to increase their self-esteem and IQ level and improve their communication skills. Students who are deaf or have a deaf parent or have a close relative with deaf individual will learn by themselves about sign language alphabets and numbers. Deaf community will learn their first step towards the American sign language. Although correct usage of sign gesture plays a very important part in effective communication, deaf students are also encouraged to establish a connection to the deaf community and to carry their new knowledge and skill beyond the classroom and into the community at large. As I said they will increase their self-esteem and IQ level because before they will learn by person and it is time



consuming process but using my application, they don't need to any person only they need to imitate a picture on webcam which displays that sign into text.

You are being asked to consider participating in this study because you will help me to test my application. To do testing my application I need a person who does not have knowledge about sign language. Participant needs to perform a different sign gesture in front of the webcam and my software measure accuracy.

WHAT WILL HAPPEN DURING THIS STUDY?

You will be asked to perform a different gesture in front of a webcam and capture screenshot which will be stored in image format. Each participant will be approximately 25-30 minutes to do this research perform testing.

WHAT ARE THE RISKS OR HARMS OF PARTICIPATING IN THIS STUDY?

There are no medical risks to you from participating in this study, but you will be available approximately 25-30 minutes to do testing my software.

WHAT ARE THE POTENTIAL BENEFITS?

Individual Benefits – You will have basic awareness about American sign language to participate in this study. As a participant, you will be given the chance to influence future research project based on your own educational priorities and information needs. This software may have some useful application that will benefit deaf people in future.

ARE STUDY PARTICIPANTS PAID TO PARTICIPATE IN THIS STUDY?

You will not be paid for participation in this study, it is voluntary.

HOW WILL MY INFORMATION BE KEPT CONFIDENTIAL?

All information that is collected, used or disclosed for this study will be handled in a confidential manner. Anything that we find out about you that could identify you will not be published or told to anyone else unless we get your permission. The information obtained will be kept on the Laurentian Drive. All data will be deleted after finishing my research.

INFORMATION ABOUT THE STUDY RESULTS

You have the right to be informed of the results of this study once the study is complete. If you would like to know about results of this study by email. If Yes, please write your email _____.

WHAT ARE THE RIGHTS OF PARTICIPANTS IN A RESEARCH STUDY?

You have the right to receive all information that could help you decide about participating in this study. You also have the right to ask questions about this study and your rights as a research participant, and to have them answered to your satisfaction



before you make any decision. You also have the right to ask questions and to receive answers throughout this study.

If you have questions about your rights as a research participant or any ethical issues related to this study that you wish to discuss with someone not directly involved with the study, you may call **Research Ethics Officer, Laurentian University Research Office**, telephone: 705-675-1151 ext 3681, 2436 or toll free at 1-800-461-4030 or email ethics@laurentian.ca.

DOCUMENTATION OF INFORMED CONSENT

You will be given a copy of this informed consent form after it has been signed and dated by you and the study staff.

Full Study Title: Real-time static gesture detection using Machine Learning

Name of Participant: _____.

Participant/Substitute decision-maker

By signing this form, I confirm that:

- This research study has been fully explained to me and all my questions answered to my satisfaction
- I understand the requirements of participating in this research study
- I have been informed of the risks and benefits, if any, of participating in this research study
- I have been informed of any alternatives to participating in this research study
- I have been informed of the rights of research participants
- I have read each page of this form
- I have agreed, or agree to allow the person I am responsible for, to participate in this research study

Name of participant/
(print)

Signature

Date