

## **CONSENT FORM**

## **Participant Identification Number:**

**Title of Project:** Developing advanced vibration performance assessment for new generation of lightweight pedestrian structures using motion platform and virtual reality environments

Name of Researcher(s): Dr Sigong Zhang and Dr Stana Živanović

Please initial all hoxes

			Flease Illitial all	boxes
1.	I confirm that I have read and understand the information sheet dated 1 Sept. 2021 (version no.2) for the above study. I have had the opportunity to consider the information and ask questions and I have had these answered satisfactorily.			
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I agree that in case of withdrawal the data that have already been collected can be used in the research.			
3.	I have completed the Physical Activity Readiness Questionnaire and have been able to answer "NO" to all questions.			
4.	. I agree to comply with any instructions given to me during the study and to co- operate fully with the investigators.			
5.	I understand that all personal data relating to volunteers are held and processed in the strictest confidence, and in accordance with the Data Protection Act (2018). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.			
6.	I agree that photographs and video records in which I feature can be taken during experiments. I am aware that they will be used for the quality assurance and data analysis purposes only, unless permission is given for other use.			
7.	I <b>do/do not</b> (delete as appropriate) give permission for video records and photographs in which I feature to be used in research seminars and publications, for conference presentations and in other forms of publicity of this research.			
8.	I confirm that I have read and understood the information above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.			
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Name of Participant		Date	Signature	
Name of Person taking consent		Date	Signature	