

Consent Form

Please complete the survey below.

Thank you!

Participant ID _____

Consent form

A new motion capture technique using body surface scanners and wearable sensors for 3D Gait Analysis on children and young adults.

Principal Investigator: Dr Julie Choisne

Associate Investigators: Prof. Thor Besier and Mr Enzo Allevard

I have read the Participant Information Sheet, understood the nature of the study and why my child has been selected. I have had the opportunity to discuss my concerns (if any) with the study investigators. I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary, that my child is free to withdraw from participation at any time without giving a reason and to withdraw any data traceable to my child up to 13 months from signing this consent form. I understand that I may request a copy of the results from my child's data.

I understand that the data will be kept for a period of ten (10) years (after the child turns 16) after which it will be destroyed by the primary investigator of this study, Dr Julie Choisne.

I understand that my participation in this study will be confidential and that no material, which could identify my child, or me will be used in any reports or presentations. The data will be stored on a hard drive and only available to the study investigators, who are mentioned above. Participant's names will not be used to identify any data.

I understand that data acquired will be primarily used to validate new technologies for motion capture. Data will be used in publications, such as internal reports, journal papers, and conference presentations.

I understand that my consent for my child to take part does not alter my child legal rights or standard of care my child may receive. I am assured that participation or non-participation will not affect my child future healthcare, and I have been assured by the investigators in this study. I have had time to consider whether to participate and I know whom to contact if I have any questions regarding this study.

I understand that the participation of my child in this study is entirely voluntary and will have no impact my (parent) current work situation. There is no pressure or expectation from relative, supervision team, or work collaborator to take part in this study.

The Principal and Board of Trustees of the school gave the assurance that teachers/parents/students participation or non-participation will have no impact on their employment, relationship or grades with the school.

I consent to the participation of my child.

OpenCap consent form

I understand that my videos and movement data (i.e., the time-history of how my body segments are moving when I walk or perform other movements) will be shared with the OpenCap research and development team. Sharing my data will help improve the algorithms used in OpenCap, and enable future progress in human motion science. The videos and motion data will be stored on a secure server and will not be linked with any other identifiable information about me. The data will be kept on the OpenCap server for 10 years and then destroyed by the principal investigator: Dr Julie Choisne.

I understand that I can request my data to be removed by contacting the study investigator

The development team for the OpenCap biomechanics tool has access to videos and de-identified demographic and movement data. The data recorded will be marked as "Share no data publicly".

Video and biomechanics data are collected using the OpenCap web application. This tool is hosted by Stanford University, is HIPAA and GDPR compliant, and complies with Stanford University requirements for Infrastructure-as-a-Service Solutions that involve high risk data, like videos. All data are encrypted in transit and at rest and can only be accessed by the OpenCap development team and the investigator. Authentication with a 20-character password and two-factor authentication is required to access data.

Do you agree to be video recorded with the OpenCap software? Yes
 No

Do you want to receive a summary of the results? Yes
 No

Email address

Name

Date

Signature

Approved by the Auckland Health Research Ethics Committee on 20/12/2024 for three years. Reference number AH28362.