

Disguised Faces Database Consent Form

You are being asked to take part in a research study. This is not a form of treatment or therapy. It is not supposed to detect a disease or find something wrong. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you make a decision you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if decide to participate. You do not have to make a decision now; you can take the consent document home and share it with friends, family doctor and family.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form; in it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

1 Purpose of this study

The goal of this study is to find out how disguises affect face recognition. We want to find out which disguises are best, which facial features are most important, and which face recognition methods are best at seeing through disguises. Since every face is unique, the way each face is best disguised should also be unique. We want to find out a way to know what disguise each face would need.

To do this, we need to collect a set of high-quality photographs of many unique faces, both with disguises and without. Hopefully, with access to this database of disguised faces, face recognition technology can be improved.

2 Requirements for participation

In order to participate, you must not have any immediately identifying characteristics on your face, head, or neck. For example, if you have any of the following, you will unfortunately not be allowed to participate: unnaturally dyed hair, an obvious facial birthmark, head coverings you're not comfortable taking off, obvious facial piercings you can't or won't remove. You also must be 18 years of age or older, and need to be able to follow instructions and sit still long enough for a photograph to be taken.

Disguised Faces Database Consent Form

3 What we need from you

If you agree to participate, pictures will be taken of your face in a variety of self-applied disguises. You will also be asked to provide your year of birth, race (general and specific), and gender.

You will first be asked to remove all accessories. This includes (but is not limited to): glasses, earrings, headbands, hats, religious head coverings, facial piercings, and hoodies. If you have long hair you will be asked to tie your hair back (hair bands will be provided).

The disguises you will be expected to apply are: lab coat, dark sunglasses, adhesive eye patch, adhesive mustache, cloth face mask (similar to a surgeon's mask), domino mask (covers the area around the eyes), and baseball cap. You may keep any of the disguises (other than the lab coat and sunglasses) if you like.

You will be asked to use a neutral facial expression for each photograph, and you may be asked to move your upper body and head as needed. This means the process may take longer than you might expect. Each session should last no longer than 60 minutes.

You are encouraged to sit for a second (also paid) session, after more than a month has passed. The second session will be the same as the first, although it may take less time the second time. If you want to participate in a second session, please make sure to leave your e-mail address at the end of this form so we may contact you. (If you do not have an e-mail address or access to a computer, you may leave a phone number.)

4 Risks

Only ordinary digital photographs will be taken of you. We anticipate no risks to your health or safety.

5 Payment

You will be paid \$10 upon the completion of the entire session, and are allowed to keep any of the disposable disguises applied.

6 Benefits

You are not expected to benefit directly from this project. However, we hope that your participation will help to improve face recognition technology.

Disguised Faces Database Consent Form

7 What will happen to the information collected

7.1 Evaluation of disguise techniques

Your disguised and undisguised photographs will be used to test the effectiveness of the disguises. This means other researchers at the University of Pennsylvania may be allowed controlled access to your images. The pictures will also be run through computer face recognition programs, and may be used to test human face recognition ability. This access will be strictly controlled and supervised.

7.2 Sharing your pictures with outside researchers

Once this project is complete, we intend to offer the complete set of face images to other researchers in a restricted form. No information other than your image and your demographic information will be released (your name will *not* be released). Also, this data will only be given to researchers who will not distribute it to others or publish your images. They must also not publish the race, age, or gender of any specific subject. They must also make every effort to prevent unauthorized access to the data set. In other words, other researchers may only use this data if their usage is at least as restrictive as our own.

7.3 Publication restrictions

Pictures of you will not be published in journals, conference papers, magazine articles, or anywhere else. Where examples are needed, we will use the researchers' own faces.

7.4 Privacy risks

Even if some of the pictures in the final data set are inadvertently disclosed, your name will never be released. However, since the images are of your face, if any researchers inadvertently release the pictures, you may be identified. If you are uncomfortable with this possible occurrence, please do not sign this consent form or participate in the research.

Even if the demographic information was also inadvertently disclosed, the information (gender, race, and approximate age) is already clear from the photographs in most cases. Any unauthorized person who came into possession of the data would only be able to verify this information. They would not know your name or any other identifying information.

However, we will do all we can to prevent the information from being inadvertently disclosed, and we do not expect that this will happen.

8 Other information

Participation in this study is entirely voluntary. You do not waive any legal rights by signing the consent form.

If you would like to participate in possible future phases of this experiment, please leave your e-mail address at the end of this form so we may contact you. (Again, if you do not have an e-mail address or access to a computer, you may leave a phone number.)

Disguised Faces Database Consent Form

9 Contact

If you have any questions about this study, please contact:

Dr. Jonathan M. Smith
jms@cis.upenn.edu
215.898.9509
3330 Walnut Street, 604 Levine Hall
Department of Computer and Information Science, University of Pennsylvania

If you have any questions about the conduct of this study or your rights as a research subject, contact:

The Office of Regulatory Affairs
University of Pennsylvania
3624 Market Street, Suite 301S
Philadelphia, PA 19104
215.573.2540

Consent Form

I have read the above document and I agree to participate in the study. All questions have been answered to my satisfaction. I have received a copy of this form for my own records.

Subject's printed name Subject's signature Date

Witness's printed name Witness's signature Date

If you wish to be contacted by e-mail for participation in possible future sessions and/or experiments, please write your e-mail address below. (If you do not have an e-mail address or access to a computer, you may leave a phone number.) If you do not wish to be contacted, please leave this line blank:

Subject's e-mail address (or phone number)