



CONSENT AND RELEASE

Study Title: HOW AGING AFFECTS PEOPLE'S FACES

PURPOSE:

APRILAGE Development Inc. (APRILAGE) is conducting research into the effects of age on people's faces. The immediate purpose is to create a computer program, called APRIL[®], that can change an image of a face to make it appear older.

This research will be used to build computer programs that will help:

- assist in finding lost and missing children
- identify criminals
- inform patients about medical treatment
- encourage children, teens, and adults to make healthy lifestyle choices
- teach children and teens about science and technology

Hopefully many other uses will develop over time.

If you would like to know the general results of the study, these can be made available to you by contacting our website: www.aprilage.com

PROCEDURE:

In order to conduct this research, we need to acquire 3D data images of people's faces. We have collected several thousand images so far and hope that many more people will participate in the research.

We invite you to participate in this research study by permitting us to either take your photograph and/or scan (basically a fancy photograph) your face. Each image takes 5 seconds to capture and your total involvement in the study will last less than 10 minutes.

If you agree to participate, you may be asked to grin, smile, frown, or keep a straight face during the image process. In addition, we will ask you to complete a short questionnaire about aspects of your lifestyle so that we may properly group your image with other people having similar backgrounds.

CONFIDENTIALITY:

Your participation in this research will be kept confidential. The information collected during the study will be recorded by code number so no data will have your name on it. No one's name will be able to be linked to the image of his or her face.

If you decide to withdraw from the study, we request that you inform us of this within seven (7) days of the image gathering session. If you chose to withdraw from the study, this will not affect you in any way.

If you have any questions or concerns about your participation in this research, please contact inquires@aprilage.com.

CONSENT:

I agree that APRILAGE has the right to photograph (using film and/or electronic image capture and/or by videotaping), use and reproduce my image.

I agree that my image may be used for research, education, medical, investigative or other uses without limitation. I agree that APRILAGE may use all or parts of my image, and that my image may be manipulated, altered, revised, parts replaced and added to by the computer software or by other methods.

I agree that I will relinquish any rights to the use of the photos and scans. However, my image in combination with my name will not be revealed in any publication or computer software program.

I agree that I have read and fully understand this agreement and give my image as described.

Name

Signature

Address (Please print)

Date

IF YOU ARE UNDER THE AGE OF 18 YEARS please have your Parent / Guardian fill out the following:

I am the Parent | Guardian of _____, who is a child under the age of 18 years. I hereby consent to the use of the image of the child in accordance with the terms of this Consent and Release. I have executed this agreement on behalf of such child and me.

Name

Signature

Address (Please print)

Date

Thank you for your Participation!