STUDY INFORMED CONSENT FORM
Study Title: Javelin 4 ("**Study**")
Study Lead: John Vogel (johnv@isoftstone.com)

You are receiving this Study Informed Consent Form ("**Consent**") because you were asked to participate in a voluntary study run by iSoftStone ("**Study Organizer**") on behalf Apple, Inc. (the "**Study Sponsor**").

This Consent will tell you the following about this Study:

(1) Its purpose and what you will be asked to do;
(2) The information that may be collected from you and how it will be used or disclosed;
(3) Potential risks and discomforts;
(4) Your confidentiality obligations if you decide to take part in the Study; and
(5) How you may stop being in the Study and what happens to your information after you stop.

Please read this Consent carefully and Ask Any Questions you have about the study before signing THIS FORM.

Your decision to take part in this Study is completely voluntary and you can decide not to participate or stop participating at any time.

WHY IS THIS STUDY BEING DONE?

The purpose of this Study is to gather videos of participants performing various exercises. These videos will be used to develop and improve devices, features, services and algorithms.

WHAT WILL I BE ASKED TO DO?

Informed Consent Discussion: A Study Team member will review this Consent with you, allowing time for you to read the form and ask any questions about participation. You will be asked sign and date this Consent if you would like to be in this Study.

Screening: You will be given a Physical Activity Readiness Form ("**PARF**") and if you are pregnant a Prenatal Readiness for Activity in Moderation Screener ("PRAMS") to complete. A registered nurse will review your vital signs, such as blood pressure, heart rate, and temperature, and review your responses to the PARF and assess your eligibility to participate in the Study. This assessment may be done virtually.

- If this Study is conducted in a location (other than your home) the recording equipment will already be set up which includes including 8 iPhones positioned on stands and tripods to capture your movements from multiple angles.

- If this Study is conducted in your home then two members of the Study Team will come to your home and set up the recording equipment. The recording equipment includes including 8 iPhones positioned on stands and tripods to capture your movements from multiple angles.
    - You will be asked to make sure the area where you will be exercising is clear of anything you don't want to be recorded (anything that identifies you or someone else, photos, diplomas, medications, personal items).
    - No one except you and Study Team members should be in the recording area so that no audio or video of anyone else is recorded.
    - No pets should be in the recording area and you may be asked to put pets in another room.
    - You should have a clear space to do the exercises and set up the recording equipment without any trip hazards.

- You will be asked to perform **one or two reps** of the following exercises to the best of your ability at your own pace.
- The Study moderator will guide you through each exercise by explaining and showing you each movement. If you are pregnant you may skip movements or change them based on what is comfortable for you. During these exercises, you will be recorded by multiple cameras to capture your movements.
- You may stop at any time and will be asked periodically if you are experiencing any discomfort.
- You should only perform exercises you are comfortable performing. If you experience any discomfort when performing any of the exercises, please stop the exercise immediately.
- After you complete the Study or stop, the session will conclude.

WHERE IS THIS STUDY BEING DONE?

The Study will take place in person in your home or in another location in California or Delaware.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

This Study will enroll a maximum of 3,000 subjects.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in this Study will involve one in-person visit, which lasts approximately 120 minutes.

WHO CAN PARTICIPATE IN THIS STUDY?

Before starting this Study, you must meet all the following criteria:

- Are willing and able to participate in the Study procedures which are light to moderate physical activities described in this Consent.
- Are able to follow instructions provided by the Study Team.
- You are 18-65 years old.
- Able to travel to the Study location.
- Meet the applicable assessments and study criteria for participation on day of study visit including the Prenatal Readiness for Activity in Moderation Screener ("PRAMS") if you are pregnant.
- Must affirm that you have performed planned, structured physical activity for at least 30 minutes on at least 3 days per week for the last 3 months

You may not participate in this Study if you:

- Are employed by a technology company, wellness/health/fitness company, or media company.
- Have been advised by a health care provider not to perform the activities in this Study.
- Are not comfortable performing the activities described in this Consent or believe that doing them may cause pain or injury
- Have any of the following:
    - current extremity joint injuries or pain (for example, wrist, elbow, shoulder, hip, knee, ankle)
    - previous or current injury that actively limits current range of motion
    - current back injury or pain
    - current hand or arm injury or pain
    - current neck injuries or pain
    - current pain exacerbated by exercise
    - a serious heart condition, such as heart failure, coronary artery disease cardiomyopathies (diseases that affect heart muscles)
    - any uncontrolled acute or chronic respiratory conditions

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS?

During this Study, data and video will be collected while you are exercising.

You may be exposed to minor risk of injury associated with motion or physical activity. You may be subject to minor risks commonly associated with exercise, such as muscle soreness, fatigue and blisters. Additionally, there is a risk of over-exhaustion which can be experienced if one pushes themselves past their normal level of exertion. Symptoms may include: exercise-related fatigue, discomfort, nausea, lightheadedness and vomiting. There are minor risks of other exercise-related injuries, including sprains, joint pain, and tendonitis.

To help prevent these injuries you will be asked to warm up and stretch properly before starting your exercise session and wear appropriate footwear and clothing.

If you feel ill, nauseated, disoriented, or uncomfortable during this Study, believe you are injured, or believe that there is an issue with videos please immediately alert the moderator, and we will pause the activities and either take a break or stop the Study. There will always be CPR and AED-trained staff available while you are exercising.
There may be privacy risks which are described below in the section "How Will My Study Data Be Kept Confidential." There may additionally be some unknown and unforeseeable risks. The Study Team will tell you about any new information that relates to the Study that may affect your decision to stay in the Study. **If you experience any pain, discomfort, side effects, or believe that you have been injured as a result of the Study,** you should seek necessary medical care and notify the Study Lead as soon as possible.

WHAT HAPPENS IF I AM INJURED BECAUSE OF THE STUDY?

We will make reasonable efforts to prevent you from being injured as a result of this Study. If we determine that you followed the directions of the Study Team and still got sick or hurt as a direct result of a Study procedure, device, or test, you will be reimbursed for the medically necessary care for your injuries. Payments for other expenses (such as time off work, lost wages, child-care, etc.) will not be offered through the Study. You do not give up any legal rights by signing this form.

To pay medical expenses, Study Sponsor and its designee may need to know some information about you like your name, date of birth, social security number, copies of bills and applicable medical records, and (if applicable) Medicare Beneficiary Identifier (MBI). Study Sponsor or its designee may check to see if you receive coverage under Medicare or another governmental insurance plan and, if you do, report the payment as required by law.

WHAT DATA WILL BE COLLECTED AND HOW LONG WILL IT BE KEPT?

As part of this Study, the following information may be collected or accessed as part of the Study (collectively, we call this "**Study Data**"):

- **Contact Information:** First name, last name, and email address will be collected. Your contact Information will be maintained by the Study Organizer deleted within one year after the Study ends.

Your Contact Information will be separated from your other Study Data listed below. The remaining Study Data will be assigned a code (we use the word "Coded" to describe these data that is, "Coded Study Data") so that it cannot easily be linked to you.

- **Activity Clearance Data:** Vital signs (for example, temperature, blood pressure and heart rate) and relevant medical history (for example, history of neuromuscular disease/disorder, orthopedic surgeries, balance issues, medication impacting heart rate or fitness, and use of assistive devices/equipment and frequency of use. Activity Clearance Data will be kept separate from and will not be combined with other Study Data, including Coded Study Data and will be used for discussion between you and with the HCP to determine if you meet the criteria for the activity of this Study and for safety purposes. Activity Clearance Data will be retained for the greater of ten years, as required under Study Sponsor's retention policies, or as legally required.

- **Video Data:** We will collect video recordings of your face and whole body and audio recording while performing the designated exercises, and mesh, animated, and/or photo-realistic 3D models and avatars of your face and whole body may be generated by the Study Team from the photo and video images and are considered part of your Photo/Video/Audio data. The 3D models and photos and video may be annotated with your Demographic Data, and the annotations will be visible by anyone with access to the Photo, Video or 3D image models. The Study Team will instruct you on how to record and submit your videos and recordings. Your Video Data, including any 3D models, will be deleted within 5 years after the Study ends.

- **Biometric Information:** As stated above, we will collect video or photo images of your face and whole body that may also incidentally capture walking gait while performing and transitioning between exercises. We may generate mesh, animated, and photo-realistic 3D models of your face and body. This information may be used to develop algorithms and technologies for immersive multimedia. Some laws may consider these images to be Sensitive Personal Data and/or "biometric data" and require your explicit consent for collection. By signing this Consent, you agree to the collection and use of your Biometric Information as described in this Consent. Coded Biometric Information will be deleted within 5 years after the Study ends.

- **Demographic Data:** Gender, skin tone, age range, weight range, and height range. This information some of which may be considered Sensitive Personal Data, will be collected by the Study Team during Study onboarding to ensure we are performing research on a sample of representative participants of the age, gender, and ethnicity of Study Sponsor's potential customer population to avoid biasing our products as much as possible and also may be used to assess the impact of this Demographic Data on the design, development, and use of the Study device. Your Coded Demographic Data may be retained as long as necessary for the purposes described in this Consent, but for no longer than 5 years after the Study ends.

- **Feedback Data:** Information you provide to the Study Team about your experience throughout the Study. Your Coded Feedback Data may be retained as long as necessary for the purposes described in this Consent, but for no longer than 5 years after the Study ends.

If you contact the Study Team directly via email or otherwise, the information you provide during these interactions may also be retained.

Note some of these data types have additional protections under data protection law, including Demographic Data and Biometric Information ("Sensitive Personal Data").

HOW WILL MY STUDY DATA BE KEPT CONFIDENTIAL?

Your Contact Information will be held securely by Study Organizer, and access limited to Study Organizer personnel who need access to manage the Study. Your remaining Study Data will be separated from your Contact Information and assigned a code (we use the word "**Coded**" to describe these data that is, "**Coded Study Data**"). Your Coded Study Data will be maintained by Study Sponsor in a central study database with other subjects' Coded Study Data.

All Study Data that identifies you will be protected and treated as confidential. It is possible that members of the Study Team could identify you from your Coded Study Data. For example, a Study Team member who knows you personally could recognize your voice from Siri recordings. If photo-realistic 3D models are created: Since your Coded Study Data includes full face photo and/or video images and photo-realistic 3D models, it is likely that members of the Study Team may recognize you just from the Coded Study Data. There is also the risk of unauthorized access to your Study Data, though Study Sponsor has implemented appropriate information security measures. Further, if you are in multiple studies, your Study Data may be combined across those studies, which could increase the risk that someone could identify you. There may be other privacy risks that we cannot anticipate now.

For more information on how Study Data will be kept secure and confidential, please contact the Study Lead listed above.

HOW MAY MY STUDY DATA BE USED AND DISCLOSED?

Your Study Data (and where possible, only your Coded Study Data) may be collected, used, stored, analyzed (including analyzed using natural language processing and other algorithms), maintained, disclosed, and otherwise processed, for the purposes of this Study as described above ("Why is this Study being done?") as well as for related research and product and service development purposes undertaken by or on behalf of Study Sponsor. In particular, your Study Data may be used:

- To support and carry out the Study.
- To verify that the Study is done properly.
- To contact you about the Study, as necessary.
- To analyze the Coded Study Data and publish results.
- To design or improve future studies.
- To combine data and results from this Study (including Coded Study Data) with data and results from other related Study Sponsor studies whose purpose is similar to the purpose of this Study.
- For Study Sponsor's development, design, approval (including regulatory approval), improvement, production, publication, and/or support of products, technologies, processes, and services, including algorithm development.

Your Study Data, including your Coded Study Data, may be shared with, collected, used, stored, analyzed, maintained, disclosed, and otherwise processed for the purposes stated above by Study Sponsor personnel, external entities with whom Study Sponsor may choose to collaborate (under appropriate contractual obligations), and designated third parties acting on behalf of Study Sponsor (also with appropriate contractual obligations). Your Coded Audio Data, including transcripts, may be subject to additional grading, annotation, and processing in accordance with Study Sponsor's policies and procedures. Study Sponsor does not sell Study Data.

When required by law, Study Data in identifiable form may be provided to third parties such as public, regulatory, or government authorities, including law enforcement.

The results of this Study may be published or presented but will not include any information that would let others know who you are.

Your Study Data may also be used for the following purposes:

- **For Study Recruitment.** The Study Team may use or share your Coded Study Data with other Study Sponsor study teams to determine whether you might be eligible for future studies and if so to contact you for those studies. If you are contacted, you may choose not to participate.

If you are contacted regarding future studies, you may choose not to participate.

WHAT PERSONAL DATA RIGHTS DO I HAVE?

Certain Study Data that could be linked to you as an identified or identifiable individual or could be reasonably associated with you may be considered to be personal data (collectively, "**Personal Data**"). You may contact the Study Lead at any time to request deletion of your Personal Data associated with your Study Data. In some circumstances, deletion of your Personal Data may not be feasible (for instance, if your Coded Study Data has been de-linked from your Contact Information). However, reasonable efforts will be made to delete Personal Data within a reasonable amount of time of your request.

If you are a resident of the state of California, Virginia, Colorado, Connecticut, Washington, or a state with similar laws, the following may apply to you:

- If you decide to take part in the Study, you may have certain rights with regard to your Personal Data, including the right to request access to Personal Data collected about you as part of this Study. You also may have the right to request that such Personal Data be corrected or deleted or with certain Personal Data you may be able to withdraw your consent for processing of such data. You may freely exercise these rights without discrimination.
- Reasonable efforts will be made to comply with your request within a reasonable amount of time.
- In some circumstances, we may not be able to complete the actions you request. For example, we may be permitted or required to retain all or part of your Personal Data for certain purposes including when required by law. Also, it may not be feasible to delete or take other actions with respect to your Personal Data if your Contact Information was removed from your Coded Study Data. Additionally, if you request to withdraw your consent for the processing of certain of your Personal Data, it may act as a withdrawal from the Study and you may no longer be able to participate in the Study. You may withdraw from the Study at any time as stated above.
- You may exercise the above rights by contacting the Study Lead.
- You may appeal any decision by contacting the Study Lead.

You may also withdraw from the Study at any time – see "Can I Stop Being In This Study?" below.

WHAT IS AN INCIDENTAL FINDING, AND WHAT WILL HAPPEN IF ONE IS FOUND?

By participating in this Study, the Study Team at any time may unintentionally learn information about you that could be important for you to know, but outside the original purpose(s) of this Study ("**Incidental Finding**"). For example, by taking your blood pressure, the Study Team could discover that you may have high blood pressure.

It is not the responsibility of the Study Team to recognize or identify Incidental Findings. By agreeing to participate in this Study you also agree that (1) the Study Team may share your information with experts to help determine if something could be an Incidental Finding; and (2) the Study Team may contact you and tell you about information that they believe could be an Incidental Finding. You additionally consent that your Coded Study Data may be associated with your Contact Information for the purpose of enabling members of the Study Team to share an Incidental Finding with you. It is solely your decision whether to act on any potential Incidental Findings shared with you. If you do not wish to be informed of such findings, or for the Study Sponsor to take the above actions, please do not participate in this Study.

ARE THERE BENEFITS TO BEING IN THIS STUDY?

The goal of this Study is to obtain information related to the Study purposes, so, you will not receive any direct benefit from this Study.

ARE THERE ANY OPTIONS OTHER THAN BEING IN THIS STUDY?

The only other option is not to participate in this Study.

WILL I GET PAID FOR BEING IN THIS STUDY?

You will be paid up to $200 USD via PayPal, Gift Card, Wire Transfer, or Check after completing the video collection. You will receive a $30 base payment for your time and the equipment setup, plus $10 for each of the exercises you complete up to $200. If you need to stop for any reason prior to completing all the exercises, you will still receive the base payment plus $10 for each exercise completed. If you receive any payment, it may be taxable. Please consult with a tax advisor about any reporting requirements.

CAN I STOP BEING IN THIS STUDY?

You may stop being in this Study at any time, for any reason, without penalty by contacting a member of the Study Team, or the Study Organizer, including the Study Lead. If you need to stop for any reason prior to completing all the exercises, you will still receive the base payment plus $10 for each exercise completed..

If you choose to withdraw from the Study, Study data collected up to that point may continue to be used and kept as described in this Consent. You may request that your Study Data be deleted, as stated above in the "What Data Rights Do I Have" section.

COULD MY PARTICIPATION BE STOPPED EARLY?

You may be removed from this Study by the Study Organizer, the Study Team, or the Study Moderators for a number of reasons, such as:

- You did not follow the confidentiality requirements described below;
- You no longer meet the criteria for participating in the Study;
- The Study is stopped; and
- At the discretion of the Study Team.

If you are removed from the Study, Study Data collected up to that point may continue to be used and kept as described in this Consent. You may request that your Study Data be deleted, as stated above in the "What Data Rights Do I Have" section.

WHO CAN I TALK TO ABOUT THE STUDY?

If a Study-related problem occurs, or if you have any questions about this Study at any time, please contact the Study Lead at dng@transperfect.com

If you want to voice complaints or concerns about this Study, have questions not addressed by the Study Team, or have questions about your general rights in this Study, please contact the Business Conduct Helpline at businessconduct@apple.com.

YOUR CONFIDENTIALITY OBLIGATIONS.

If you agree to participate in this Study, you must also agree to not disclose any information from or about this Study with anyone outside of the Study Team, or Study Moderators, except as listed in this Consent, without first obtaining approval from the Study Lead.

What is considered confidential?

The fact that the Study Organizer and the Study Sponsor are conducting this Study, the types and methods of data collection, and any other detail about the Study or how it is conducted are confidential. Any information that you learn about this Study, including technical information and any other information identified as non-public information is considered confidential and proprietary information that belongs to Study Sponsor and must not be disclosed by you.

Who needs to know?
Do not assume that anyone knows, or needs to know, information about this Study. Do not talk to anyone about this Study with anyone outside of the Study Team except with: 1) your medical providers if needed to determine whether it is safe for you to participate in this Study or if you believe you may have been injured as a result of this Study; (2) family members or individuals you live with as needed for remote elements of Study participation; and (3) family members if you have concerns about participating in this Study. If you decide it's necessary to discuss this Study with anyone, you must first obtain agreement from them not to share any information about this Study, including your participation in the Study.

No disclosures, photos, videos or social media.
You should not take any photographs or videos of anything related to this Study, except as specifically required as part of the Study procedures. You should never post anything about this Study on social media.

If you become aware of any unauthorized disclosure of confidential information, including a disclosure by a family member or other individual, please report it immediately to a member of the Study Team, or to a Study Moderator.

If you have any questions that are not addressed here, please discuss with a member of the Study Team, or a Study Moderator.

CONSENT

By signing this Consent, I acknowledge and agree:

- I have carefully read this Consent, written in English which is a language that I read and understand.
- I have received answers to my questions.
- I am voluntarily signing this Consent and I consent to participate in this Study.
- I agree that I will keep confidential all information disclosed to me during the Study.
- I agree to the collection, use, sharing, disclosure, transfer, including transfer to other countries, and maintenance of my Study Data (including any sensitive personal information as identified above and Coded Study Data) as described in this Consent.
- I understand that I can stop being in this Study at any time.
- I understand that I will receive a copy of this Consent form after I sign it.

If this is an electronic consent, I understand that by clicking accept or typing my name and the date below I am providing my consent electronically and that it has the same force and effect as if I was signing in person on paper.

_____	_____	_____
Subject's Name	Signature	Date
_____	_____	_____
Person Conducting Consent	Signature	Date