VP CAPTURE STUDIO · Digital double studio, Montréal

Consent to the capture of my image, movements and voice

Ref. CONS-2026-_____

Participant's name: _____ Session date: _____

Email or phone: _____ Organization (if any): _____

1. What the studio does

Depending on the choices I tick, the studio: photographs my head from every angle and a few of my facial expressions (84 to 132 flash photos, 6 to 10 minutes) to create a 3D digital copy of my face, called a “digital double”, whose expressions can then be animated; films my movements with several cameras placed around a zone marked on the floor, to extract the motion of my body, which can animate my double or a character; records my voice to create a copy of it.

2. My choices — I tick only what I accept

☐ **A. Photo session of my head and face.** Required for choice B.

☐ **B. Creation of my 3D digital double** from these photos, with the animation of my expressions.

☐ **C. Capture of my movements** (video of my whole body) and use of this motion to animate my double or a character.

☐ **D. Recording of my voice and creation of a copy of my voice** (speech synthesis), processed on the studio's equipment.

☐ **E. Use in the following content:** _____

_____

Each video will be shown to me and released only after my approval. No other use without a new written consent.

☐ **F. Use of excerpts in the studio's portfolio and promotion.**

3. Storage and protection

My photos, my videos, my double, my movements and my voice are stored on the studio's servers, with a backup copy, and accessible only to studio staff. They are neither sold nor passed on to a third party without my written agreement. They are used only for the uses ticked above.

Retention period: _____

4. My rights

I can withdraw my consent at any time, in whole or in part, in writing. The studio then erases the items concerned within 30 days, backup copies included, and removes content already released from its own channels; what others have already shared may not be recoverable. I can also ask to see or correct my information, and file a complaint with the Commission d'accès à l'information du Québec.

5. Health and safety

☐ Photo session: I know it includes 28 to 44 flash bursts, and I have no known sensitivity to flashing lights (for example photosensitive epilepsy). I can ask for a break or stop at any time, without losing what has already been done.

☐ Motion capture: I am fit to perform the planned movements. I can refuse any movement I consider risky and ask for a break or stop at any time.

☐ I am 18 or older. Otherwise, a parent or guardian also signs this form.

I have read this form, I was able to ask my questions and I freely give the consents ticked above.

The participant

Name: _____

Signature: _____ Date: _____

Parent or guardian (if under 18)

Name: _____

Signature: _____ Date: _____

For the studio

Name: _____

Signature: _____ Date: _____

Studio operator: _____

Privacy officer and withdrawals: _____

Made in two copies: one for the participant, one for the studio. The CONS reference above is recorded in the session file.