



Cardiac Atlas Project LV Segmentation Images for Automated Methods

Rater Participation Agreement

I,

Name:	
Position:	
Affiliation:	
Email address:	
Supervisor (if any):	
Indicate the time frame you plan to submit the segmentation images	

agree to participate in the LV Segmentation Images for Automated Methods project, and therefore

<input type="checkbox"/>	I have read and agreed with the Terms of Data Usage and Participation Agreement (CONSENSUS-AUTO TERMS.pdf),
<input type="checkbox"/>	I have read and agreed with the use of data under the CAP DETERMINE Data Use Policy (CAP Data Use Agreement (DETERMINE) Fully Executed.pdf), and
<input type="checkbox"/>	I will submit the segmentation images from the validation data set after I applied my automated segmentation method.

Date:

Signature: