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**Media Consent and Release Form**

**Photograph, Audio Recordings, Video Recordings**

Research Title:

Principal Investigator:

Co-Principal Investigator(s):

|  |
| --- |
| **Delete this box and the instructions in it before submitting or printing this form.** [**Instructions**: *Include this form in your research protocol if you will be photographing, audio recording, or video recording participants. If you are photographing, audio recording, or video recording children, you will need to have parental consent. Please include only the uses of media you intend to use. All uses are included here to give you an idea of how you might want to use the recordings in the future. If you think that someday you might put the photographs or recordings on a web site, ask permission now, rather than having to go back to the participants later. If you have no intention of using them on a web site, do not include that option on this form. If you include use #4, specify what level of classroom (elementary/middle/high school/college), and for what purpose.*] |

As part of this project, I will be taking photographs, making audio recordings, and/or video recordings of you [your child] during your participation in this research. Please indicate what uses of these media you are willing to permit by checking the boxes of the uses you agree to, and signing the form at the end. This choice is completely up to you. I will only use the media in ways you agree to. In any use of photographs or video recordings, you [your child] will not be identified by name.

1. The media can be studied by the research team for use in the research project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

1. The media can be used for professional/scientific publications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

1. The media can be shown at professional conferences or meetings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

**Delete this box and the instructions in it, along with all blue text in #4 below**.

**Instructions for #4:** *If you intend to use #4, you must specify the level(s) of classroom, and the purpose for showing the media to the classroom students.*

1. The media can be shown to (*specific level of classroom here)* classroom students for (*specify purpose here)*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

1. The media can be shown in public presentations to non-professional/scientific groups.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

1. The media can be used on television, or audio portions can be used on radio.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

1. The media can be posted to a web site.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photos | [ ]  | Audio | [ ]  | Video | [ ]  |

1. [ ]  I **do not** want to be photographed, audio recorded or video recorded.

I have read the above descriptions and give my consent for the use of the photographs/audio recordings/video recordings of me [my child] as indicated by the checked boxes above. You must be 18 years of age or older to sign this form for yourself or your child.

Printed Name:

Signature: Date:

\*If participant is a child younger than 18 years old.

Printed Name of Child:

Printed Name of Parent/Guardian:

Signature of Parent/Guardian: Date: