**Release Form for Use of Photograph/Video/Audio Recording**

[Project Title]

[PI Name]

[PI Email Address]

[Supervising Person’s Name, if applicable]

[Supervisor’s Email Address]

Please Print:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Representative if Applicable

This form asks for your consent to use media for and from this study. We would like you to indicate how we can use your media. On the next page is a list of media types that we will use. Please initial where you consent for that type of use of your media. Legal representative initials will provide consent when needed.

Regardless of your answers on the next page, you will not be penalized.

We will not use your media in any way you have not initialed.

Questions regarding this form should be directed to the researchers. Additional answers can be found by contacting the IRB Administrator or an IRB Committee Member. Current membership is available at: <https://www.stcloudstate.edu/irb/members.aspx>

A copy of this form will be provided for your records.

RESEARCHER: Please delete any section you do not want to use. You can delete rows in the tables below if they do not pertain to your study.

|  |  |
| --- | --- |
| **Audio; no video** | |
| Consent Granted | Type of Release |
|  | Used by research team to record and analyze data |
|  | Played to other participants |
|  | Published or presented in an academic outlet (e.g., journal, conference) |
|  | Played in a classroom to students |
|  | Played at a nonprofessional venue (nonscientific group) |

|  |  |
| --- | --- |
| **Photograph** | |
| Consent Granted | Type of Release |
|  | Used by research team to record and analyze data |
|  | Shown to other participants |
|  | Published or presented in an academic outlet (e.g., journal, conference) |
|  | Shown in a classroom to students |
|  | Shown at a nonprofessional venue (nonscientific group) |

|  |  |
| --- | --- |
| **Video; no audio** | |
| Consent Granted | Type of Release |
|  | Used by research team to record and analyze data |
|  | Played to other participants |
|  | Published or presented in an academic outlet (e.g., journal, conference) |
|  | Played in a classroom to students |
|  | Played at a nonprofessional venue (nonscientific group) |

|  |  |
| --- | --- |
| **Video with audio** | |
| Consent Granted | Type of Release |
|  | Used by research team to record and analyze data |
|  | Played to other participants |
|  | Published or presented in an academic outlet (e.g., journal, conference) |
|  | Played in a classroom to students |
|  | Played at a nonprofessional venue (nonscientific group) |

|  |  |
| --- | --- |
| **Transcription of audio** | |
| Consent Granted | Type of Release |
|  | Used by research team to record and analyze data |
|  | Read by/to other participants |
|  | Published or presented in an academic outlet (e.g., journal, conference) |
|  | Presented in a classroom to students |
|  | Presented at a nonprofessional venue (nonscientific group) |

**I have read the above carefully and give my consent only for those items in which I initialed.**

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Participant Signature (if 18 years of age or older) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (Printed)

WHEN CONSENT IS NEEDED FROM A LEGAL REPRESENTATIVE, COMPLETE THIS SECTION. UP TO TWO LEGAL REPRESENTATIVE MAY SIGN.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Representative Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Legal Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Legal Representative Name (Printed)