# Digital Recording Release Form

I agree to participate in an audio, video, and/or digital recording during the study by the [Agency].

I understand and consent to the use and release of the recording by [Agency]. I understand that the information and recording is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording and understand the recording may be duplicated and used by [Agency] without further permission.

I understand that I can leave at any time.

I agree to immediately raise any concerns or feelings of discomfort with the study administrator.

## Your signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you!

We appreciate your participation.