



## Research Media Records Release Form

As part of this project we will make photographic, audio, and/or video recordings of you while you participate in the research. Please indicate below (by initialing) what uses of these records you consent to. This is completely up to you. We will only use the records in the way(s) that you agree to. In any use of these records, your name will not be identified.

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

Video \_\_\_\_\_  
initials

2. The records can be used for scientific publications.

Video \_\_\_\_\_  
initials

3. The records can be shown at meetings of scientists interested in the study of human-robot interaction.

Video \_\_\_\_\_  
initials

4. The records can be shown in classrooms to students.

Video \_\_\_\_\_  
initials

6. The records can be shown in public presentations to non-scientific groups.

Video \_\_\_\_\_  
initials

7. The records can be used on television and radio.

Video \_\_\_\_\_  
initials

I have read this form and give my consent for use of the records as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_