Databrary Staff Release Form

Version date: April 29, 2020

This form requests your release to share recordings of you collected during the performance of your research duties in a secure, web-based data library called Databrary (databrary.org). The library allows authorized researchers to access shared videos, and potentially to use carefully selected excerpts for scientific presentations and/or informational and educational purposes (based on the level of release given by participants). Authorized researchers will use professional judgment and uphold ethical principles in determining which excerpts and images to present and with which audiences.

Signature of lab member:

I give permission to share with Databrary any videos where I am recorded in the performance of my research duties. Authorized researchers may use the material for research purposes.

In addition, I give permission for authorized researchers to show selected excerpts from shared research videos in public settings for informational or educational purposes. I understand that researchers may use the excerpts in presentations. I also understand that at times these presentations may be videotaped or recorded and made available to the public via the internet (e.g., YouTube). In giving my permission, I trust that authorized researchers will use their professional judgment and uphold ethical principles in determining which excerpts and images to present and with which audiences.

Name:	_	
Signature:	Date:	
Signature of lab members pare	ent or legal guardian, if under 18:	
I give permission for (name of minor)he/she is recorded in the performance of research purposes.	to share with Databrary any v f his/her research duties. Authorized researchers may use the n	ideos where material for
public settings for informational or educe presentations. I also understand that at to the public via the internet (e.g., YouT	rized researchers to show selected excerpts from shared research cational purposes. I understand that researchers may use the imes these presentations may be videotaped or recorded and manube). In giving my permission, I trust that authorized research chical principles in determining which excerpts and images to pre-	excerpts in de available ners will use
Name of Minor:		
Signature of Minor:		
Name of Parent/Guardian:		
Signature of Parent/Guardian:		
Date:		