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 member's	parent or legal gua	ardian, if under 18:
I give permission for (name of mind he/she is recorded in the performa research purposes.	or) nce of his/her research du	to share with Databrary any videos where ties. Authorized researchers may use the material for
public settings for informational or presentations. I also understand that to the public via the internet (e.g.,	r educational purposes. I at at times these presentati YouTube). In giving my p	show selected excerpts from shared research videos in understand that researchers may use the excerpts in ons may be videotaped or recorded and made available permission, I trust that authorized researchers will use termining which excerpts and images to present and to
Name of Minor:		
Signature of Minor:		
Name of Parent/Guardian:		_
Signature of Parent/Guardian:		
Data		