

Video Release Form

As part of this project, I will be making video recordings of you (or your child) during your participation in the research. Please indicate what uses of these video recordings you are willing to permit, by putting your initials next to the uses you agree to and signing the form at the end. This choice is completely up to you. I will only use the video recordings in ways that you agree to. In any use of the tapes or pictures, you (or your child) will not be identified by name, email or phone number. Videos/ pictures cannot be copied/given to any other third-party organization or individual.

1. _____ The video recordings/pictures can be studied by the research team for use in the research project.
2. _____ The video recordings/pictures can be used for scientific publications.
3. _____ The video recordings/pictures can be shown at scientific conferences or meetings.
4. _____ The video recordings/pictures can be shown in classrooms at elementary/ middle/ high school/ college to students.
5. _____ The video recordings/pictures can be posted to a web site after facial part has been covered by technical processing.

I have read the above descriptions and give my consent for the use of the video recordings as indicated by my **initials** above.

Name _____

(Signature)

(Date)