# California State University Channel Islands

# Audio/Video Release Form

# Research Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Principal Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Directions: Include this form in your protocol submission if you will be either audio or video recording participants. Update the text below as needed to indicate if you will video record, audio record, or both. If you are recording children under the age of 18, you will need to have their parents’ permission. Please include only those uses of the video or audio that you intend. Several possibilities are included here to give you an idea of how you might want to use the recording in the future. It is important to seek permission now, as it may be difficult to obtain permission from participants later. If you include #4, specify what level classroom—elementary/middle/high school/college, and for what purpose. Delete these instructions before turning in your finished document.)

As part of this project, I will be making video/audio recordings of you (or your child) during your participation in the research. Please indicate what uses of these video/audio 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/audio recordings in ways that you agree to. In any use of the recordings, you (or your child) will not be identified by name.

1. \_\_\_\_\_\_\_ The video/audio recordings can be studied by the research team for use in the research project.

2. \_\_\_\_\_\_\_ The video/audio recordings can be used for scientific publications.

3. \_\_\_\_\_\_\_ The video/audio recordings can be displayed at scientific conferences or

meetings.

4. \_\_\_\_\_\_\_ The video/audio recordings can be shown in classrooms to students.

5. \_\_\_\_\_\_\_ The video/audio recordings can be displayed in public presentations to non-scientific groups.

6. \_\_\_\_\_\_\_ The video/audio recordings can be shown on television or the audio portion can be used on radio.

7. \_\_\_\_\_\_\_ The video/audio recordings can be posted to a website or social media.

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Signature) (Date)