

SAMPLE INFORMED CONSENT FOR PHOTO/VIDEO/MEDIA MATERIALS

Date:

Project Title:

Principal Investigator:

Phone:

Email Address:

Description

The researchers would like to take photographs or video recordings of you performing (*activity*) in order to illustrate the research in teaching, presentations, and/or publications. *[Describe the duration of the photography/video recording and other pertinent details.]*

Confidentiality

You would not be identified by name in any use of the photographs or video recordings. Even if you agree to be in the study, no photographs or video recordings will be taken of you unless you specifically agree to this. *[All consent material should always advise subjects how anonymity or confidentiality will be maintained. The confidentiality statement should address how the photographs or video recordings will be stored, how long they will be stored, and what will happen to them at the completion of the study.]*

Voluntary Consent

By signing below, you are granting to the researchers the right to use your likeness, image, appearance, and performance – whether recorded on or transferred to videotape, film, slides, photographs, or digital files – for presenting or publishing this research. No use of photos or video images will be made other than for professional presentations or publications. The researchers are unable to provide any monetary compensation for use of these materials. You can withdraw your voluntary consent at any time.

If you have any questions later on, please contact the researchers (*insert name(s) and contact information*). If at any time you feel pressured to participate, or if you have any questions about your rights or this form, you should contact the MECC Institutional Review Board Manager, Nikki Morrison, at nmorrison@mecc.edu or (276)523-2400 ext. 416.

Subject's Printed Name & Signature	Date
Parent/Legally Authorized Representative's Printed Name & Signature	Date
Investigator's Printed Name & Signature	Date