(Directions: Include this form in your protocol submission if you will be videotaping

participants. If you are videotaping children, you will need to have their parents’ permission. Please include only those uses of the video that you intend. All are included here to give you an idea of how you might want to use the video in the future. If you think that someday you might put this up on a web site, ask permission now, rather than having to go back to the participants later. If you have no intention of using it on a web site, don’t include that option on this form. 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).

# Video Release Form

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

1. \_\_\_\_\_\_\_ The videotapes can be studied by the research team for use in the research project.

2. \_\_\_\_\_\_\_ The videotapes can be used for scientific publications.

3. \_\_\_\_\_\_\_ The videotapes can be shown at scientific conferences or meetings.

4. \_\_\_\_\_\_\_ The videotapes can be shown in classrooms to students.

5. \_\_\_\_\_\_\_ The videotapes can be shown in public presentations to non-scientific groups.

6. \_\_\_\_\_\_\_ The videotapes can be used on television or the audio portion can be used on radio.

7. \_\_\_\_\_\_\_ The videotapes can be posted to a web site.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) (Date)

(Bard College example)

Video Image Release Form for **Without Words**, a project by Eudora Welty, supervised by Rosalind Franklin.

USAGE:  **Without Words** is a film and/or video project.  The resulting product will be a film and/or video, Internet web pages, stills for publication, promotional materials, distribution materials, art installation, or other creative work that will be available to the public.

I, the undersigned participant, hereby give Eudora Welty and Rosalind Franklin specific permission to publish, copyright, distribute and/or display images (motion and still) of my likeness created as part of the **Without Words** project.

By signing below, I acknowledge that 1) I have read this agreement carefully; 2) any questions I have about the use of my image have been answered satisfactorily; 3) any additional assurances or verbal qualifications that have been made to me have been added in writing to this document; 4) I have been given a copy of this form, including any changes or restrictions, initialed by me and by Eudora Welty.

I understand and agree to the conditions outlined in this video image release form.  I hereby allow Eudora Welty and Rosalind Franklin to use this recording, and I give up any and all of my own future claims and rights to the use of this recording.

Participant’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_