# Photograph, video and/or voice recording release form

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the “Project”)**

**Name of Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of the Project, the Project researchers, which includes the Principal Investigator, will:

□ make photograph(s) of you while you participate in the Project

□ make audio recording(s) of your voice while you participate in the Project

□ make video recording(s) of you while you participate in the Project

□ ask you to make physical material(s) while you participate in the Project

With this form, you are being asked for your permission to share these photograph(s), audio recording(s), video recording(s) and physical material(s) (the “Records”) with the Project researchers and with people who are not Project researchers. Please indicate below (by initialing) what uses of the Records you consent to. You are under no obligation - what uses you consent to is completely up to you. The Records will be used only in the ways you consent to. Unless stated otherwise in the consent information provided to you by the Principal Investigator, your name will not be included in any use of the Records.

1. The Records can be included in publications and presentations about the Project that will be seen by other researchers and by the general public.

Photograph(s) \_\_\_\_\_ Audio recording(s) \_\_\_\_\_ Video recording(s) \_\_\_\_\_ Physical material(s)­­­­\_\_\_\_\_

1. The Records can be archived and stored indefinitely and made available to other researchers for use in their research projects, including showing Records to participants in other research projects.

Photograph(s) \_\_\_\_\_ Audio recording(s) \_\_\_\_\_ Video recording(s) \_\_\_\_\_ Physical material(s)­­­­\_\_\_\_\_

1. The Records be shown in classrooms to students.

Photograph(s) \_\_\_\_\_ Audio recording(s) \_\_\_\_\_ Video recording(s) \_\_\_\_\_ Physical material(s)­­­­\_\_\_\_\_

1. The Records can be used, exhibited, displayed, broadcasted, and distributed on television and radio.

Photograph(s) \_\_\_\_\_ Audio recording(s) \_\_\_\_\_ Video recording(s) \_\_\_\_\_ Physical material(s)­­­­\_\_\_\_\_

1. The Records can be used, exhibited, displayed, broadcasted, and distributed on the internet, and in any other media which exists now or may exist in the future (the University of Guelph and its representatives, including the Project researchers, have no control over, and are not responsible for, the use or misuse of information, including the Records, made available on the internet).

Photograph(s) \_\_\_\_\_ Audio recording(s) \_\_\_\_\_ Video recording(s) \_\_\_\_\_ Physical material(s)­­­­\_\_\_\_\_

I have read this form and given my consent to the use of the Records as indicated above. I acknowledge and agree that: (a) the University of Guelph owns the Records including all rights in the Records; (b) while, in any use of the Records, your name will not be included there is no assurance or guarantee you will not be identifiable; and, (c) I will not have the opportunity to inspect or approve any finished or unfinished material in any media in which the Records appear unless specific arrangements are negotiated with the Principal Investigator prior to disclosure.

Participant First and Last Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Parent/Guardian Name (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Participant (if 18 years or older) Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian (if under age 18) Date