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| --- |
| Protocol Title: |
| Principal Investigator: |

**Image Use Consent Form**

As part of this research study, we have made image recordings of you (photographs or video recording). With your consent, we would like to be able to use your recordings for different purposes. You are free to agree to any number of the purposes below from none to all. Agreeing to the use of your image is voluntary and will not affect your participation in the main study.

We will only use the recordings in ways that you agree to. In any use of these recordings, your name will not be identified. If you do not initial any of the spaces below, we will destroy the recordings.

Please indicate below what uses you agree to:

**[Edit list as applicable]**

* The **photographs/videotapes** can be studied by the research team for use in the research study.

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be shown to subjects in other research studies

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be used for scientific publications

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be shown at meetings of scientists interested in the study of **[insert area of study]**

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be shown in classrooms to students

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be shown in public presentations to non-scientific groups

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be used on television or radio

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The **photographs/videotapes** can be used on **[PI name]** website.

**Please initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If at any time in the future, you change your mind about allowing us to your recordings, please notify us by calling the numbers below.

**Study Contact Information**

You can call us with any concerns or questions. Our telephone numbers are listed below:

***Put in your contact information here.***

If you have questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Eastern Michigan University Human Subjects Review Committee at 734-487-3090 or human.subjects@emich.edu

**Statement of Consent**

I have read the information in this consent form including risks and possible benefits. I have been given the chance to ask questions. My questions have been answered to my satisfaction, and I agree for my tape to be used as indicated above. I have been given a copy of this form.

**SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Subject

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Subject Date

I have explained the research to the subject and answered all his/her questions. I will give a copy of the signed consent form to the subject.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Obtaining Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date