

Photo/Audio Tape/Video Tape Release Form

Project Title
Protocol Number: _____
Principle Investigator Name

Photo/Audio Tape/ Video Tape Release

We request the use of (photographic/audio/video) material as part of our study. We specifically ask your consent to use this material as we deem proper. The material will be used for the research project as we have described it in the informed consent document you have signed. These materials may be used for news releases, professional publications, professional conferences, websites, and pictorial exhibits related to our study.

We also emphasize that the appearance of these materials on certain media (websites, professional publications, news releases) may require the transfer of copyright of the images or audio materials. This means that other individuals may use your image or voice. Regarding the use of your likeness in photographs, tapes, or recordings, please check one of the following boxes:

- I do...
 I do not...

Give unconditional permission for the investigators to utilize photographs/recordings of me.

Signature

Date

Note: Even should you choose not to allow your image to be used, we can still benefit from your inclusion as a research study participant.