

**SAMPLE PHOTOGRAPH/VIDEO/AUDIO USE
INFORMED CONSENT FORM
FOR NON-MEDICAL HUMAN SUBJECTS**

As part of this research project, we will be making a photograph/videotape/audiotape recording of you during your participation in the experiment. Please indicate what uses of this photograph/videotape/audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. We will only use the photograph/videotape/audiotape in ways that you agree to. In any use of this photograph/videotape/audiotape, your name would *not* be identified. If you do not initial any of the spaces below, the photograph/videotape/audiotape will be destroyed.

Please indicate the type of informed consent

☐ Photograph

☐ Videotape

☐ Audiotape

(AS APPLICABLE)

- **The photograph/videotape/audiotape can be studied by the research team for use in the research project.**

Please initial: _____

- **The photograph/videotape/audiotape can be shown/played to subjects in other experiments.**

Please initial: _____

- **The photograph/videotape/audiotape can be used for scientific publications.**

Please initial: _____

- **The photograph/videotape/audiotape can be shown/played at meetings of scientists.**

Please initial: _____

- **The photograph/videotape/audiotape can be shown/played in classrooms to students.**

Please initial: _____

- **The photograph/videotape/audiotape can be shown/played in public presentations to nonscientific groups.**

Please initial: _____

- **The photograph/videotape/audiotape can be used on television and radio.**

Please initial: _____

I have read the above description and give my consent for the use of the photograph/videotape/audiotape as indicated above.

The extra copy of this consent form is for your records.

SIGNATURE _____ DATE _____