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)