

ARASE Photo/Video Release Form

(For D & S Inspection and not for SRC Review)

Note: A photography/video release form signed by **EACH** human participant or by both a minor participant and parent/guardian is **required** for visual images of the participant(s). It must be available for the Display & Safety (D&S) Inspection.

It is **NOT NEEDED** for the student researcher if he/she is in the photo.

Photo needs a **credit line of origin** (“Photograph taken by...”). If photos are taken by the same person, then one notation will suffice. A **caption** is needed for each photograph.

Example Photo Consent Form For Human Participant In The Study

Name of Student Researcher:

Project Title:

Purpose of the Project:

Note for Human Subject Participant: Photos of the human participant(s) will be taken throughout the experiment. Photo(s) will be displayed to the public on the science project display board. If video taping is taken during the trials conducted in the experiment, the recordings will only be displayed solely to the judges, as a form of data. The names of subjects in the photos or the video **will not be displayed nor will the release form**. If you decide not to have your face displayed, it will be covered with a sticker.

Student Assent (Agreement)

I agree to participate in the research project stated above and to have visual recordings of my participation on display. I understand that I can withdraw from having any **photos** or **video recording** done of my participation for display unless my face will be covered.

Student's Printed Name: _____ Signature: _____

Yes. Display photo(s) No. Do not display photo(s)

Date: _____

Parental Consent

I consent to the use of visual images (photos and/or video) involving my child for display. I understand this is an educational research. Yes display photo(s) No. Do not display photo(s)

I consent to the use of visual images (photos and/or video) involving my child in this research if the face is covered.

Parent/Guardian's Printed Name: _____ Signature: _____

Date: _____

Adult Participation Consent

I consent to the use of visual images (photos and/or video) involving myself in this research. I understand this is an educational research. Yes display photo(s) No. Do not display photo(s)

I consent to the use of visual images (photos and/or video) involving my participation in this research if the face is covered

Adult's Printed Name: _____ Signature: _____

Date: _____