

# ARASE Photo/Video Release Form (For D & S Inspection--Not for SRC Review)

If photos or videos of human subjects will be displayed, a photograph/video **RELEASE FORM** signed by **EACH** human participant or by both a minor participant and parent/guardian is **REQUIRED** for visual images. It must be available for the Display & Safety (D&S) Inspection.

\*\* Release photo form is **NOT NEEDED** of the student researcher.

\*\*Photo needs a **CREDIT LINE** ("Photograph taken by..."). If photos are taken by the same person, then one notation will suffice or a list of the photos is needed. Do a **caption** is 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 human participant(s) will be taken throughout the experiment and displayed 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 take part in the research project stated above and to have visuals of my participation in the research displayed. 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 in this research. I understand this is an educational research.     Yes 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)

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: \_\_\_\_\_