**Colorado College IRB Release Form for Use of Photography/Video Recording Template**

Fill in all of the bracketed areas as appropriate then delete the brackets, these instructions, and the template title above. The first line participants/parents see should be the project title line below.

**[Project title] Release Form for Use of Photography/Video Recording**

[Your name]

Supervisor: [Supervisor’s name if applicable (e.g., thesis advisor); if not, leave this line out]

Colorado College Department of [fill in Department name; if program, line should read Colorado College [program title] Program]

Department Phone Number: [fill in phone number of department staff assistant, including international calling code if research is taking place outside the U.S.]

[Your email address]

Name of Participant or Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Parent/Guardian, Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my permission to [researcher name] to use any photos or video recording material taken of myself or of my child during [researcher name’s] research on [title of project]. The photos and/or video material will only be used for research purposes and for the presentation and/or publication of the research. [Describe how the research will be presented and/or where it will be published.]

I understand that [researcher name] may edit video footage or to select photos as they see fit.

I understand that my name, likeness, and other identifying information, or that of my child, will be incorporated as part of the research.

As with all research consent, I understand that I may withdraw permission for photos or video footage of me or my child to be used in this research project, and that I may withdraw this permission at any time. If I do not withdraw my permission, I understand that my permission is given in perpetuity (without a concluding date).

I understand that I will not be compensated for the use of my or my child’s likeness unless agreed upon as part of the larger research project.

Upon signing, I will receive a copy of this form for my records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Parent/Guardian, Printed Name of Child