UCSD Human Research Protections Program
UCSD
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UNIVERSITY OF CALIFORNIA, SAN DIEGO
VIDEO RECORDING RELEASE CONSENT FORM

As part of this project, a video recording will be made of you during your participation in this research project. Please indicate below the uses of these video recordings to which you are willing to consent. This is completely voluntary and up to you. In any use of the video recording, your name will not be identified.

1. The video recording can be studied by the research team for use in the research project _____ Initials
2. The video recording can be shown to subjects in other experiments. _____ Initials
3. The video recording can be used for scientific publications. _____ Initials
4. The video recording can be shown at meetings of scientists interested in the study of _____. [please fill as appropriate] _____ Initials
5. The video recording can be shown in classrooms to students. _____ Initials
6. The video recording can be shown in public presentations to non-scientific groups. _____ Initials
7. The video recording can be used on television and radio. _____ Initials

You have the right to request that the recording be stopped or erased in full or in part at any time.

You have read the above description and give your consent for the use of video recording as indicated above.

_____ _____

Signature Date Witness Date