PHOTOGRAPHY AND VIDEO PERMISSION FORM

**Name and Researcher(s):** [Name of PI]

**Contact Information:** [Contact information]

**Supervisor, if applicable:** [Name and contact Information]

**Study Title:**

**REB Protocol #:**

All persons taking still photographs or videos for research must obtain this signed release from anyone who is visibly recognizable in the photograph or video. Crowd scenes where no single person is the dominant feature are exempt. This form is intended for use with Carleton University REB approved research under the above REB protocol.

**Participant Consent:**

I hereby grant the researcher above from Carleton University permission to photograph and/or videotape my likeness and to use my voice and/or likeness in photograph(s) or video-recording(s) as part of the above cleared REB research study.

I give permission for the researcher to distribute and/or use any photograph(s), and/or videotape(s) made as part of this research project in research presentations, publications, for educational uses, or through any other venue.

I consent to the use of my name in association with any such uses:

[ ]  **Yes**

[ ]  **No**

Printed Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Participant is under 18 years old, consent must be provided by the parent or legal guardian:**

Printed Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Carleton Researcher:**

Name:       Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_