***[This document is the Audio/Visual Consent Form, developed by the Northwest Missouri State University Institutional Review Board for use with human subjects research involving audio or visual recording (images or videos). Portions of this template were adapted from an image release form created by Dr. Keely Cline, Ms. Elizabeth Dimmitt, and Dr. Victoria Seeger.***

***To use this form, replace all sections written in red brackets below with information related to your project. All information should be a single font color, and all instructions should be deleted, prior to submitting your informed consent statement to the IRB.***

***Note that this consent document is in addition to the informed consent statement for your overall project; this form should not be used as a replacement for informed consent. If you prefer, you may instead incorporate the information below into your informed consent statement.]***

**Audio/Visual Consent Form**

**Project Title:** [insert project title]

**Purpose:** This form provides information about data recording that will take place as part of this research study as well as your rights as a subject with respect to this recording. Please read each of the statements carefully.

**Recording Type:** For this study, you will be recorded through [audio, visual, audio and visual, etc.] means. Recording will take place during [insert information about during which part(s) of the project data recording will occur]. The recorded part of the project will have a duration of approximately [insert estimated time of recording here].

**Confidentiality and Storage:** Your recorded data will be kept strictly confidential and will be accessible only to those on the research team. Your data will be stored by [Insert details about storage, including how storage will ensure responses remain confidential.] Your data will be stored for [insert amount of time of at least three years], after which time it will be [insert one: destroyed, permanently deleted, archived.]

**Voluntary Participation:** In addition to the voluntary participation information presented on the informed consent statement, you may also refuse to participate in the recording aspect of this project without penalty or loss of benefits you are otherwise entitled to. You may also withdraw your consent to record at any time, even if you have previously agreed to the recording. Your participation may also be terminated by the researcher without your consent if [insert any circumstances in which the subject’s participation may be terminated.]

**Use with Future Research Studies:** [If the recorded data will not be used in future research studies, include the following information here:

 “Your data will not be used or distributed for future research studies conducted by the research team or by another investigator.”

*If the recorded data may be used in future research studies, you must either obtain* ***broad consent*** *from subjects as part of this form, or you must obtain subjects’ consent directly prior to using, accessing, or sharing their recorded data as part of that future study. If this applies to your project, please contact the Northwest IRB for more instructions.*]

**Acknowledgment and Consent:** Please place a check mark next to your response for each of the statements below.

I give consent for the researchers to record me using [audio, image, video, etc.] recording for this research project as outlined in this form.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I give consent for the researchers to use my recordings for data analysis as part of this study.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

***[Include the following if you plan to use some/all of the recording in a presentation or publication related to your project.]***

I give consent to allow the researchers to use my recordings (including recordings of my [voice/image]) for professional presentations and publications. The researchers will use a pseudonym in place of my actual name when discussing my data.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Signature:** You are voluntarily making a decision whether or not to participate in this research study. By signing this, I agree that I have read and understand the above information and have no further questions for the researcher. If requested, a copy of this consent can be provided to you to keep.

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

Subject Signature

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

Date