**PHOTO/VIDEO CONSENT & RELEASE FORM**

[Insert Title of Study]

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

**Contact Information:** [Contact Information]

**Participant Consent:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am 18 years of age or older, and grant the researcher designated above from University of Mississippi (“UM”) permission to record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium (collectively referred to as ‘the recordings’) and to use the recordings as part of the above titled IRB approved research study.

I acknowledge that all rights, title, and interest to the recordings will belong to UM. I hereby waive any right to inspect or approve the finished recordings now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the recordings. The foregoing in no way relinquishes any intellectual property rights I may have to the content presented in the recordings.

I give permission for the researcher to distribute and/or use the recordings made as part of this research study in research presentations, publications, for educational uses, or through any other venue as long as my name is not used.

Printed Name:       Date:

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

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

Printed Name:       Date:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UM Researcher:**

Name:       Date:

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