 [Insert Department]

PHOTO/VIDEO PUBLICATION RELEASE FORM

[Insert Title of Study]

*Text that does not apply to your research should be deleted or modified as appropriate. The text is intended to be instructional rather than declarative. Be sure to delete all instructive text, which is in red, italicized font throughout the document, before submitting to the IRB for review.*

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

**Contact Information:** [Contact Information]

*All persons taking still photographs or videos for OSU-related research publications must obtain a signed release form 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 OSU IRB approved research under the above noted IRB protocol.*

**Participant Consent:**

I am 18 years of age or older and hereby grant the researcher designated above from Oklahoma State University (OSU) permission to photograph, audio record, and/or videotape my voice and likeness and to use my voice and likeness in photograph(s), audio recordings, and/or videotaping as part of the above titled IRB approved research study.

I give permission for the researcher to distribute and/or use any photograph(s), audio recording(s), and/or videotape(s) made as part of this research project in research presentations, publications, for educational uses, or through any other venue as long as my name is not used. All media will become the property of OSU. I will make no monetary claim against OSU for the use of the photograph(s), audio recording(s), and/or video recording(s).

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OSU Researcher:**

Name:       Date:

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