**Research Media Records Release Form**

As part of the “*NAME*” research project conducted by “*NAME researcher*”, a student of Leiden University, I will make photographic, audio, and/or video recordings of you while you participate in the research.

*Insert information about the research project here: include the topic/goal of the research project, how the materials will be stored, for how long and for which purposes the materials will be used (just this research project or also future projects? In other people's projects? Etc), as well as any possible risks there might be (most obviously that the materials are not anonymous = breach of privacy) and that once consent is given it cannot be revoked (unless of course it can).*

Please indicate below by initialing what uses of these records you consent to. This is completely up to you. We will only use the records in the way(s) that you agree to.

1. The records can be studied by the research team for use in the research project.

Photo \_\_\_\_\_\_\_\_\_\_ Audio \_\_\_\_\_\_\_\_\_\_ Video \_\_\_\_\_\_\_\_\_\_

 initials initials initials

2. The records can be used for scientific publications.

Photo \_\_\_\_\_\_\_\_\_\_ Audio \_\_\_\_\_\_\_\_\_\_ Video \_\_\_\_\_\_\_\_\_\_

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4. The records can be shown at meetings of scientists interested in the study of anthropology.

Photo \_\_\_\_\_\_\_\_\_\_ Audio \_\_\_\_\_\_\_\_\_\_ Video \_\_\_\_\_\_\_\_\_\_

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5. The records can be shown in classrooms to students.

Photo \_\_\_\_\_\_\_\_\_\_ Audio \_\_\_\_\_\_\_\_\_\_ Video \_\_\_\_\_\_\_\_\_\_

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6. The records can be shown in public presentations to non-scientific groups.

Photo \_\_\_\_\_\_\_\_\_\_ Audio \_\_\_\_\_\_\_\_\_\_ Video \_\_\_\_\_\_\_\_\_\_

 initials initials initials

7. The records can be used on internet, television and radio.

Photo \_\_\_\_\_\_\_\_\_\_ Audio \_\_\_\_\_\_\_\_\_\_ Video \_\_\_\_\_\_\_\_\_\_

 initials initials initials

I have read this form and give my consent for use of the records as indicated above.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_