Checklist for Personal Informed Consent and Release

Name of Interviewee: ____________________
Name of Producer(s): ____________________
Date: ____________________

Participation in Interview

☐ I am 18 years old or older (If under 18, obtain additional consent from legal guardian).
☐ I understand who is interviewing me, and why I am being interviewed (Ask interviewee to explain in his or her own words).
☐ My participation in this interview is voluntary. I understand that there are no repercussions for refusing to participate.
☐ I understand that I can stop this recording and interview at any time, and that I can refuse to answer any question.

Restrictions

☐ I understand that I am free to set restrictions on the filming, recording, and use of this interview.
☐ I consent to the filming, recording, and use of my face/image.
   (☐ I do not consent to the filming, recording, and use of my face/image).
☐ I consent to the filming, recording and use of my voice.
   (☐ I do not consent to the filming, recording and use of my voice).
☐ I consent to the use of my full name.
   (☐ I do not consent to the use of my full name).
☐ I hereby declare the following further restrictions on the use of these recordings:

☐ I understand that if circumstances change and I need to rescind consent, I must contact the Producers, who will abide by my request to the extent possible.

Usage

☐ I understand that use can mean reproduction, exhibition, broadcast, and archiving, in whole or in part, in any media now known or hereafter to come into existence, throughout the world. I understand that examples of use include broadcast on television, posting on the Internet, exhibition at public screenings, inclusion in reports and legal cases, and long-term retention and accessibility in an archive.
☐ I consent to the use of these recordings in the video advocacy project, ____________________, abiding by the restrictions set out here.
☐ I consent to the Producers’ use of these recordings for other purposes now and any time in the future, in a manner consistent with the Statement of Intent on Video Usage, which includes abiding by the restrictions set out here.
☐ I consent to allowing the Producers to license or assign the rights to these recordings to third parties, in a manner consistent with the Statement of Intent on Video Usage, which includes abiding by the restrictions set out here.
☐ I understand that due to the nature of digital recordings, there is a risk that anyone may obtain, view, and re-use copies of these recordings, and the restricted information contained in them, without my permission or the permission of the Producers or their licensees.
Signed: _____________________
Name: ______________________
Organization: ______________
Date: ______________________

Producer
Signed: _____________________
Name: ______________________
Organization: ______________
Date: ______________________