## **Checklist for Personal Informed Consent and Release**

Name of Interviewee:  Name of Producer(s):  Date:
Participation in Interview
<ul> <li>□ I am 18 years old or older (If under 18, obtain additional consent from legal guardian).</li> <li>□ I understand who is interviewing me, and why I am being interviewed (Ask interviewee to explain in his or her own words).</li> <li>□ My participation in this interview is voluntary. I understand that there are no repercussions for refusing to participate.</li> <li>□ I understand that I can stop this recording and interview at any time, and that I can refuse to answer any question.</li> </ul>
Restrictions
<ul> <li>☐ I understand that I am free to set restrictions on the filming, recording, and use of this interview.</li> <li>☐ I consent to the filming, recording, and use of my face/image.</li> <li>☐ I do not consent to the filming, recording, and use of my face/image).</li> <li>☐ I consent to the filming, recording and use of my voice.</li> <li>☐ I do not consent to the filming, recording and use of my voice).</li> <li>☐ I consent to the use of my full name.</li> <li>☐ I do not consent to the use of my full name).</li> <li>☐ I hereby declare the following further restrictions on the use of these recordings:</li> </ul>
☐ 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,

	Producer
Signed:	Signed:
Name:	Name:
Organization:	Organization:
Date:	Date: