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**Photograph and Video Recording Permission Form**

Host Organization: Southern Illinois University Edwardsville IRIS Center

Project Director: Dr. Jessica DeSpain, jdespai@siue.edu, 618-550-2151

Host School: (input school name)

Teacher Contact: (contact information for student facilitator’s teacher)

The purpose of the initiative is:

* To learn how the personal and cultural stories we tell inform our perspectives on aging.
* To understand how these stories impact our ability to speak across generations.
* To enact a conversation that fosters better communication across generations.
* To give residents of Madison County the opportunity to share their experiences about aging and stages of life.
* (If you would like to, add your own goal related to how you’re framing the project).

Name of Digital Storyteller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand the purpose of the digital storytelling project.
* I knowingly and voluntarily agree and consent to be photographed or video-recorded and to have my image used in the digital story created for this project.
* I understand my photographed or video-recorded image may be published, and I knowingly and voluntarily consent to my image being used in the following ways (check below for each use):

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Use of Photographed or Video-Recorded Image** | **Exceptions/Comments** |
|  |  | In a summary report for project recording purposes |  |
|  |  | On the CTBF 2.0 project website |  |
|  |  | On a YouTube Channel |  |
|  |  | At any presentation or knowledge exchange event |  |
|  |  | In any newsletter, news report, journal article and other visual, audio or written publication |  |
|  |  | For any education or teaching purpose |  |

* I Do / Do NOT want my name to appear in relation to any publication of my photographed or video-recorded image.
* At any point, I can contact the project director to change the consent I have provided on this form.

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Signature of Facilitator Signature of Participant

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Date Date