

**CONSENT TO BE PHOTOGRAPHED/VIDEOTAPED
AND AUTHORIZATION FOR USE OR DISCLOSURE**

Please initial each section if you have read it and/or had it read to you and understand it.

PURPOSE:

This is a project conducted by Dr. Katie Pedgrift and North Bay Regional Center. The Project is designed to teach people with disabilities about relationships and abuse. The project is funded by the Mental Health Services Act in partnership with the Department of Developmental Services.

Initial here _____

PARTICIPANTS:

Participants will be videotaped and/or have their picture taken while they act out social situations. Some of those videos/pictures will be put on a computer and used to teach people with disabilities about relationships and abuse. Some videos and pictures will be used on websites and webinars, and in trainings and flyers. Initial here _____

You are participating in this project because you want to. Actors and actresses are not paid. You can say “no” and it will not affect your relationship with North Bay Regional Center or the people leading this project. You can decide to stop being in this project at any time. If you decide to stop, you will not be punished. It is your choice. Initial here _____

PROCEDURE:

You are being asked to pose for pictures and/or act in videos that show different social situations. It is your right to agree or disagree to perform in any social situation that you will be asked to act out. You can look at your picture after it is taken and you can erase any pictures you do not want to be used. Pictures of you that are not erased might be used in classes, trainings, and advertisements. Pictures and videos might be used all over the State of California and perhaps even outside of California. Initial here _____

The Regional Center and actors do not own the pictures and videos that will be made. The pictures and videos will belong to the Department of Developmental Services. Initial here _____

RISKS:

Some videos/pictures taken of you may show you doing things that you would not do in real life. Such pictures might embarrass you or make you feel uncomfortable if people thought they were real. If you feel uncomfortable, you have the right to take your pictures out of this project. You can do this by contacting Katie Pedgrift at (707) 569-20176. Initial here _____

This project might be used all over the State of California and people who use this project may recognize you. This may embarrass you or make you feel uncomfortable. If you feel embarrassed or uncomfortable, you can stop acting for this project and/or take your pictures out of this project before it is finished. However, once pictures/videos are online or are appearing in brochures and other material, we will not be able to take them out of the project. Initial here _____

CONFIDENTIALITY:

Being in this project is not private. Your videos and pictures might be used and shown to other people. People might recognize you. Initial here _____

If you tell Katie Pedgrift, or any member of this project that you have been abused or know someone who has been abused, they might need to report that abuse. If you tell Katie that you are thinking about hurting yourself or someone else, she may need to report that too. If participating in this project makes you feel upset, you can stop being in the project. You can also tell Katie if you feel upset and she will refer you to a therapist. Katie can be contacted at (707) 569-2076. Initial here _____

STORAGE OF PICTURES:

Some pictures taken of you may not ever be used in this project. These pictures will be in a computer that is locked with a password. The pictures that are not used will be erased two years after this project is done. Initial here _____

BENEFITS:

By participating in this project, you might help teach people about relationships, abuse, and how to stay safe. Initial here _____

CONTACT INFORMATION:

If you have any questions about this project, you can contact Dr. Katie Pedgrift at (707) 569-2076.

I have understood each section of this form. I am 18 years or older, I can sign my own documents, and I have been given a copy of this paper. I voluntarily agree to be videotaped and/or photographed for this project.

Participant's Signature

Date

Witness' Signature

Date