



Photograph, video and/or voice recording release form.

Project Title: Family Care Work in Interspecies Homes – Phase 2

Name of Principal Investigator: Dr. Andrea Breen

Name of PhD Candidate: Julia Linares-Roake

Name of Participant: _____

As part of the Project, the PhD Candidate, Julia Linares-Roake, supervised by Principal Investigator, Dr. Andrea Breen will:

ask you to make physical material(s), ie. your created digital story while you participate in the project.

You own your digital story. With this form, you are being asked for your permission to share your digital story (as part of the research project, **Family Care Work in Interspecies Homes**) with the project researchers and with people who are not project researchers. You can decide whether you want to be identifiable in the film (in the title of your story and the film credits). Please indicate below (by initialing) what uses of the records you consent to. You are under no obligation - what uses you consent to is completely up to you. The records will be used only in the ways you consent to.

1. The Records can be included in publications and presentations about the project that will be seen by other researchers and by the general public. _____
2. The digital story can be archived and stored indefinitely and made available only for this research project, including showing the film to an invited audience. _____
3. The digital story can be exhibited, displayed, broadcasted, and distributed at conferences, for educational purpose and at Film Festivals. _____

Additionally, I would like to be contacted (note that you can always change your mind):

1. Each time my film is shared with a public audience, and I would like to give permission every time. _____
2. Each time my film is shared with a public audience, but I do not need to give permission every time. _____
3. Yearly, with a summary of where my film or data has been used. _____
4. I do not wish to be contacted when my film is shown. _____

Regardless of if my digital story is identifiable, I would prefer for any mention of my digital story to be:

1. Anonymized when presented at conferences and publications: _____
2. Kept as is when presented at conferences and publications (e.g., not anonymized if you have not anonymized your story): _____
3. Other (please state): _____

I have read this form and given my consent to the use of the records as indicated above. I acknowledge and agree that:
(a) I own my digital story (b) I can decide whether I want to be identifiable (c) I will have the opportunity to inspect or approve any finished or unfinished material in any media in which the digital story appears (d) I can withdraw my consent at any time.

Participant First and Last Name (Print) _____

Signature of Participant

Date