

VASSAR COLLEGE
Institutional Review Board

Audio/Video Recording Release Form

Research title _____

Primary Investigator _____

Student Researcher(s) Shereen Soobler

[Directions: Include this form in your interview protocol if you will be audio or videotaping participants. If you are audio or videotaping children, you will need to have their parents' permission. Please include only those uses of the recordings that you intend. All are included here to give you an idea of how you might want to use the recordings in the future. If you think that someday you might put the recordings on a web site, ask permission now, rather than having to go back to the participants later. If you have no intention of using them on a web site, do not include that option on this form. If you include #4, specify what level classroom—elementary/middle/high school/college, and for what purpose. Delete these instructions before printing this form.]

As part of this project, I will be making audio or video recordings of you [your child] during your participation in the research. Please indicate what uses of these audio/video recordings you are willing to permit, by putting your initials next to the uses you agree to, and signing the form at the end. This choice is completely up to you. I will only use the audio/videotapes in ways that you agree to. In any use of the tapes, you [your child] will not be identified by name.

1. The audio/video recordings can be studied by the research team for use in the research project.
2. The audio/video recordings can be used for scientific publications.
3. The audio/video recordings can be shown at scientific conferences or meetings.
4. The audio/video recordings can be shown in classrooms to students. college level class presentation
5. The audio/video recordings can be shown in public presentations to non-scientific groups.
6. The audio/video recordings can be used on television or the audio portion can be used on radio.
7. The audio/video recordings can be posted to a web site.

I have read the above descriptions and give my consent for the use of the audio/video recordings of me [my child] as indicated by my initials above. (You must be at least 18 years old to sign this form for yourself or your child.)

Name of Child _____

Printed Name Merry Gerard

Address 697 Washington St.
Neaton MA 02458

Signature Merry Gerard

Date 12/22/16

VASSAR COLLEGE
Institutional Review Board

Audio/Video Recording Release Form

Research title _____

Primary Investigator _____

Student Researcher(s) Shereen Sadder

[Directions: Include this form in your interview protocol if you will be audio or videotaping participants. If you are audio or videotaping children, you will need to have their parents' permission. Please include only those uses of the recordings that you intend. All are included here to give you an idea of how you might want to use the recordings in the future. If you think that someday you might put the recordings on a web site, ask permission now, rather than having to go back to the participants later. If you have no intention of using them on a web site, do not include that option on this form. If you include #4, specify what level classroom—elementary/middle/high school/college, and for what purpose. Delete these instructions before printing this form.]

As part of this project, I will be making audio or video recordings of you [your child] during your participation in the research. Please indicate what uses of these audio/video recordings you are willing to permit, by putting your initials next to the uses you agree to, and signing the form at the end. This choice is completely up to you. I will only use the audio/videotapes in ways that you agree to. In any use of the tapes, you [your child] will not be identified by name.

1. The audio/video recordings can be studied by the research team for use in the research project.
2. The audio/video recordings can be used for scientific publications.
3. The audio/video recordings can be shown at scientific conferences or meetings.
4. The audio/video recordings can be shown in classrooms to students.
5. The audio/video recordings can be shown in public presentations to non-scientific groups.
6. The audio/video recordings can be used on television or the audio portion can be used on radio.
7. The audio/video recordings can be posted to a web site.

I have read the above descriptions and give my consent for the use of the audio/video recordings of me [my child] as indicated by my initials above. (You must be at least 18 years old to sign this form for yourself or your child.)

Name of Child Mania Brodenick

VASSAR COLLEGE
Institutional Review Board

Audio/Video Recording Release Form

Research title _____

Primary Investigator _____

Student Researcher(s) Shereen Sadder

As part of this project, I will be making audio or video recordings of you [your child] during your participation in the research. Please indicate what uses of these audio/video recordings you are willing to permit, by putting your initials next to the uses you agree to, and signing the form at the end. This choice is completely up to you. I will only use the audio/videotapes in ways that you agree to. In any use of the tapes, you [your child] will not be identified by name.

1. The audio/video recordings can be studied by the research team for use in the research project.
2. The audio/video recordings can be used for scientific publications.
3. The audio/video recordings can be shown at scientific conferences or meetings.
4. The audio/video recordings can be shown in classrooms to students. (College-level)
5. The audio/video recordings can be shown in public presentations to non-scientific groups.
6. The audio/video recordings can be used on television or the audio portion can be used on radio.
7. The audio/video recordings can be posted to a web site.

I have read the above descriptions and give my consent for the use of the audio/video recordings of me [my child] as indicated by my initials above. (You must be at least 18 years old to sign this form for yourself or your child.)

Name of Child Linda L Barnes

Printed Name Linda L Barnes

Address 85 E Concord St # 1025

Boston MA 02118

Signature Linda L Barnes

Date 1/20/2017

VASSAR COLLEGE
Institutional Review Board

Audio/Video Recording Release Form

Research title _____

Primary Investigator _____

Student Researcher(s) Shereen Soddler

As part of this project, I will be making audio or video recordings of you [your child] during your participation in the research. Please indicate what uses of these audio/video recordings you are willing to permit, by putting your initials next to the uses you agree to, and signing the form at the end. This choice is completely up to you. I will only use the audio/videotapes in ways that you agree to. In any use of the tapes, you [your child] will not be identified by name.

1. The audio/video recordings can be studied by the research team for use in the research project.
2. The audio/video recordings can be used for scientific publications.
3. The audio/video recordings can be shown at scientific conferences or meetings.
4. The audio/video recordings can be shown in classrooms to students (college-level)
5. _____ The audio/video recordings can be shown in public presentations to non-scientific groups.
6. _____ The audio/video recordings can be used on television or the audio portion can be used on radio.
7. _____ The audio/video recordings can be posted to a web site.

I have read the above descriptions and give my consent for the use of the audio/video recordings of me [my child] as indicated by my initials above. (You must be at least 18 years old to sign this form for yourself or your child.)

Name of Child _____

Printed Name Bonnie Southworth, MD, Interim Medical Director

Address (37 Goshue Rd Newton, MA 02466)
The Phyllis Jen Center for Primary Care
Brigham and Women's Hospital Boston, MA 02115

Signature BS

Date 1-16-17