

# Audio/Video Recording Research Consent Form

**Project Title:**

**Principal Investigator(s):**

**Purpose of the Study:**

**Procedures:**

**Audio/Video Recording:**

**Risks & Benefits:**

**Confidentiality:**

**Voluntary Participation:**

**Contact Information:**

## Consent

☐ I agree to allow audio recording.

☐ I agree to allow video recording.

☐ I do not agree to be recorded.

**Name:**

**Email:**

**Date:**

**Signature:**