

# Audio/Video Recording Consent Form

Study Title:

Researcher(s):

Participant Name:

## Purpose of the Study

## Use of Audio/Video Recordings

## Confidentiality

## Consent

- ☐ I agree to the audio recording of the interview.
- ☐ I agree to the video recording of the interview.
- ☐ I understand that my participation is voluntary and I can withdraw at any time.
- ☐ I have had the opportunity to ask questions regarding the study and recording.

Additional Comments:

Participant Signature:

Date:

Researcher Signature:

Date:

