Video Use Permission Form

You have just consented to be videotaped while viewing or reading materials intended to produce temporary states of emotion.

Please indicate below whether you wish for us to destroy (erase) the portion of the tape with your video and audio images, or whether you consent to allow us to use the portion of the tape with your image for the scientific purposes listed below.

Check One:

I DO NOT wish to have my image used for any purposes. Please erase the portion of the video tape that includes my image.

I consent to allow my image to be used only for the purposes indicated below by my checkmarks. My consent is not valid unless I have signed this form below.

I consent to allow my image to be used only for: (check only those items that apply)

- Data analysis (statistical analysis of verbal and/or non-verbal behavior)
- Presentation at a scientific talk given at a scholarly conference.
- Presentation at a scientific talk attended by NMSU faculty and students.
- Presentation in a class (undergraduate or graduate) in which my images are discussed from a scientific viewpoint.
- Publication in a scientific journal (e.g., snapshots of video images).
- Presentation to research participants who will rate my image (e.g., my image could be viewed by participants who will then rate my image on various personality characteristics or emotional states)
- Presentation to research participants who will view my image in an experiment where they will be lead to believe that they are actually interacting with me (e.g., my image could be presented on a computer screen in an experiment where participants are told that they are seeing a video clip of an actual person seated in the room next door. Participants reactions to my image may be recorded)

I do not want my images used for any of these purposes; please erase the portion of the tape containing my image.

I understand that my video image will NOT be used for any purposes other than those I have indicated above. If I have indicated that I wish to have my image erased, I have been informed that my image will be erased within one week of my signing this consent form. Moreover, I have been informed that I may rescind my approval to use my video at any time by contacting the principal investigator _____________ [e-mail: _____________; phone: ( ) ____________].

Participants Name (print): _________________________________
Participant’s signature:____________________________________ Date: __________