**Consent to Use [Audio Recording / Video Recording / Photograph] of Minor**

**[Title of Study]**

Thank you for your child’s participation in [Title of Study] (the “Study”) conducted by [Name of Principal Investigator] and Brigham Young University (collectively “BYU”).

During the Study, researchers will **[audio record / video record / photograph]** your child. **[Additional information regarding the recordings or photographs may be included.]** Your consent below allows BYU to use these **[recordings/photographs]** (“Media”) for purposes associated with the Study.

**Consent**

I understand that researchers will take **[audio recordings / video recordings / photographs]** of my minor child as part of this Study. I give permission for BYU to use the Media in scientific publications, scientific conferences or meetings, educational presentations, public presentations to non-scientific groups, and other uses related to the Study so long as my child’s name is not used. I agree that all Media will become the property of BYU, and I waive my right to inspect, approve, or be compensated for BYU’s use of the Media.

By signing below, I certify that I have read this Consent to Use **[Audio Recording / Video Recording / Photograph]** and agree to its terms.

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please Print)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian Date*

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please Print)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Participant if 7 years of age and older Date*