Chaperone Video Release Form

PLEASE PRINT

Last name: ____________________  First name: ____________________  Date of Visit to Lab: ______________

School: ________________________  District: ____________________  Grade: ______  Discipline: ______________

The study may involve audio or videotaping certain science activities when you visit the HOST Lab. This will enable researchers to examine how the CSU East Bay students present the information and how visiting 6th through 8th graders interact with each other during the activities. Some recorded scenes may include you – your image and/or your voice – but you will not be identified by name. Please indicate your permission by writing your initials next to the uses you agree to and by signing where indicated at the bottom of this document. *These choices are completely up to you.* We have included a separate video release form in the consent forms provided for parents/guardians of your students.

1. _______  The recorded scenes of me can be studied by the research team for use in the study.

2. _______  The recorded scenes of me can be used for scientific publications.

3. _______  The recorded scenes of me can be shown at scientific conferences or meetings.

4. _______  The recorded scenes of me can be shown in classrooms to students.

5. _______  The recorded scenes of me can be shown in public presentations to non-scientific groups.

6. _______  The recorded scenes of me can be used on television, or the audio portion can be used on radio.

7. _______  The recorded scenes of me can be posted to a web site.

I have read the above descriptions and give my consent for the use of the audio and videotapes as indicated by my initials above.

PRINT NAME ____________________  Signature X_________________________  Date _________