
ICAV Educational Video Project

PARTICIPANT CONSENT FORM

I, [PRINT NAME], agree to take part in the ICAV Educational Video Project organised by Lynelle Long of InterCountry Adoptee Voices (ICAV), funded by Relationship Matters (RM).

In giving my consent I state that:

- ✓ I understand the purpose of the project, what I will be asked to do, and any risks/benefits involved.
- ✓ I understand that being in this project is completely voluntary and I do not have to take part. My decision whether to be in the project will not affect my relationship with the project manager or anyone else at RM ICAFSS or ICAV now, or in the future.
- ✓ I understand that I can withdraw from the project at any time.
- ✓ If I chose to be *online interviewed* for my *audition*, I understand I may stop at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the project.
- ✓ If I am invited and chose to be filmed, I understand I will be signing a separate *On Camera Talent Release*.
- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely. I understand that information about me will only be told to others with my permission, except as required by law.
- ✓ I understand that my submission material to this project can be used to create other educational resources by ICAV or RA ICAFSS.
- ✓ I understand that I have free access to the [RM ICAFSS Counselling](#) support throughout the duration of and after this project is completed until June 30, 2021.
- ✓ I understand that the results of this project will be published as a 10+ minute video and will contain my name including identifiable information about me unless I chose to not being identified using the “No” checkbox below:

No, I don't want to be identified. Please keep my identity anonymous and use the following pseudonym:

- ✓ I understand this project includes contributing to the makings of a 10+ min video. In choosing to participate in the video:

I consent to:

- | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|
| • Audio-recording | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Video-recording | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Photographs | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Text | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

- ✓ Once the project is completed, I consent to:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| • Being contacted about future related projects | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Receiving feedback about the video | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

.....
Signature

.....
PRINT name

.....
Date