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**Photography, Video OR AUDIO**

**Recording Authorization**

I hereby release, discharge and agree to save harmless Coastal Carolina University, its successors, assigns, officers, employees or agents, any person(s) or corporation(s) for whom it might be acting, and any firm publishing and/or distributing any photograph, video footage or audio recording produced as part of this research, in whole or in part, as a finished product, from and against any liability as a result of any distortion, blurring, alteration, visual or auditory illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the recording, processing, reproduction, publication or distribution of any photograph, videotape, audiotape or interview, even should the same subject me or my to ridicule, scandal, reproach, scorn or indignity. I hereby agree that the photographs, video footage and audio recordings may be used under the conditions stated herein without blurring my identifying characteristics.

If you have any questions about this research study, please contact [PI Name] by phone [PI phone number] or [PI CCU email address].

(*If the PI is a student, the contact information for the faculty advisor must be provided.*)

The faculty advisor on this study is [name of faculty advisor] and she/he can also be contacted by phone [faculty advisor phone number] or email [faculty advisor email].

**The Institutional Review Board (IRB) under the Office of Sponsored Programs and Research Services is responsible for the oversight of all human subject research conducted at Coastal Carolina University. If you have any questions about your rights as a research participant before, during or after the research study, you may contact this office by calling (843) 349-2978 or emailing** **OSPRS@coastal.edu****.**

I have read this authorization and have been able to ask questions of the PI and/or discuss my participation with someone I trust. I understand that I can ask additional questions at any time during this research study and am free to withdraw from participation at any time.

Participant’s signature:

Date: