



Consent for Video Recording

(SAMPLE CONSENT)

Participant Name (please print)	
Research Study Title	
Researchers	

As a participant in this study, I agree to being videotaped for the purpose of **{insert brief rationale}**. I am aware that I may withdraw this consent at any time without penalty, at which point, the recordings will be destroyed.

I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact the Research Ethics Coordinator, Office of Research Ethics, at 902-457-6350 or ethics@msvu.ca.

Signatures

Participant	
Date	
Researcher	
Date	