



## Photo Consent

(SAMPLE CONSENT)

Participant Name (please print)	
Research Study Title	
Researchers	

As a participant in this study, I agree to being photographed for the purpose of {insert brief rationale}. The image(s) will be used {insert where photos will be used} however I will not be identified by name.

I am aware that I may withdraw this consent at any time without penalty prior to publication of the image(s), which will not be earlier than {insert date}, at which point the image(s) will be destroyed. I also understand that if I request to withdraw consent following publication of the image(s) every effort to remove and destroy image(s) will be made, but cannot be guaranteed.

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](mailto:ethics@msvu.ca).

### Signatures

Participant	
Date	
Researcher	
Date	