

Media Release Form
University of Massachusetts Amherst

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Study Title: Exploring Agency, connectedness, and Interactions in social media

The research team would like to record video and audio during the interview for later analysis the researchers will see the video, hear the audio, and take notes to create a report. Some still pictures from the video will be used for demonstration purposes on the research websites/publications.

Please indicate what uses of these videos and audio you are willing to permit, by putting your initials next to the uses you agree to and signing the form at the end. The choice is completely up to you. We will only use video or audio in the ways that you agree to. **Your name will not be used in any publication. The video and audio will not be used for commercial purposes.** All video data will be purged 2 years after the end of the study.

- _____ The [video/audio] can be used for follow-up lab studies where other participant will see them
- _____ The [video/audio] can be posted to websites, including social media sites
- _____ The [video/audio] can be used for scientific publications
- _____ The [video/audio] can be used for scientific conferences or meetings
- _____ The [video/audio] can be used for educational purposes
- _____ The [video/audio] can be used for public presentations to non-scientific groups
- _____ The [video/audio] can be used for reports/presentations to any research funding agencies

- _____ I do not wish my image or voice to be captured in any sort of media

I have read the above descriptions and give my consent for the use of the video and audio as indicated by my initials above. I understand that by virtue of agreeing to allow the research team to use the video and audio in the manner indicated, I am identifying myself as a study participant and breaking confidentiality in this way.

Participant Signature:

Print Name:

Date:

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person
Obtaining Consent

Print Name:

Date: