

Audio/Videotape Release Form

Your child has been invited to participate in a research study entitled, "Human-Centered Robotics Experiences for Education in Engineering, Computer Science, and Society" conducted by Dr. Selma Sabanovic from Indiana University Bloomington. As part of this study, we are asking for your permission to allow us to audiotape (sound), videotape (picture), or both audio and videotape your child as part of that research study. You do not have to agree your child to be recorded in order to participate in the main part of the study.

The recording(s) will be used for analysis by the research team. The recording(s) will include your child's image and conversation with other children, which may include use of personal names. Only the research team will view these recordings and all personal information will be removed during the analysis phase. The recording(s) will be stored in a locked room with no identifying information beyond that of the study codes and will be destroyed upon completion of the study procedures (i.e., up to 5 years).

Your signature on this form grants the investigator named above permission to record your child as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Please indicate your answer by initialing: [] Yes _____ [] No _____

Name of Parent/Legal Guardian (Print) _____

Signature of Parent/Legal Guardian _____ Date _____

Principal Investigator Signature



Date 01/25/2015

Approved on: