**Consent to Record Form**

I have received an adequate description of the purpose and procedures for recording my participation during the proposed research study. I give my consent to be video recorded during my participation in the study. I understand that all video recordings which are the product of my participation in this study will be viewed only by researchers involved in the study. I further understand that all recorded information is confidential and will be reported only with all identifying information removed. These video recordings will be securely maintained for further data analysis. Finally, I understand that I may withdraw my consent to record at any time.

Participant:

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_