NC State University IRB Ethics Agreement Form

Photos, Recordings, Artifacts

Study Title: <insert study title from the IRB protocol application>
IRB Protocol Number: <insert IRB protocol number>
NC State Researcher(s): <insert names and contact information for the principal investigator and faculty point-of-contact and then list the names of other members of the research team who are engaged>
Your Name: _____

In this research study, you will take or provide to the research team photo(s), recording(s), and/or artifact(s) about <insert information>.

By signing this ethics agreement form you agree to follow the ethical practices that the researcher(s) has/have discussed with you.

Please read the following statements and initial next to each statement to confirm that you have read and understand each ethical practice and how to do it.

_____I will not intrude into an individual's personal space to take a photograph, make a video recording, or to collect an artifact for this research study.

_____I will not share information about individuals where there would be any possibility that they might feel embarrassed about or hurt unless they have given me explicit permission to share that information.

_____I will not misrepresent individuals in the photography, video recording(s), or artifact(s) that I share with the researcher(s).

_____I will obtain the signature of all individuals represented in my photography, video recording(s), or artifact(s) if materials are provided by the researcher and I have been requested to do so by the researcher.

_____I will not reveal the name(s) of any person(s) in my photographs/videos and will not use them when discussing or writing about my photographs/videos.

Signing this ethics agreement form means that you have read, understand, and respect the ethics and privacy concerns involved in this research project. If you fail to follow these ethical practices, you may be asked to leave the study.

_____

Signature (physical or electronic) **Date**