## PHOTO AND VIDEO CONSENT FORM

To be completed following discussion with the participant

**PARTICIPANT NAME: Shawn Barry** 

PAPTICIPANT'S ADDRESS: 54A Cawthra Avenue, Toronto M6N 5B3

This authorization grants permission to use your image (still or moving) and/or your spoken words in perpetuity for educational purposes.

By signing this document, you agree:

- To allow the recording of your image and voice (e.g., photographs, audio, or video).
- 2 To distribute your image or recording in any medium, be it print or electronic form, which may include the Internet.
- 3 To grant permission to other entities to reproduce the images or recording for educational purposes.
- 4 That there is no reimbursement for the right to take, or to use your photograph or video or recording.

**Nature of image and/or spoken words to be recorded:** Photographs and videos of participations in the experiment, voice recording of interviews.

**Purpose of recording, image and/or spoken words, including the intended audience:** For research and education purposes. The intended audience is academics, researchers, art students in graduate studies.

## **RESTRICTIONS AND LIMITATIONS:**

None. Specify, if applicable:

I have read and fully understand the intent and purpose of this document and am signing it without reservation.

Name (please print): Shawn Barry

Signature:

Date: March 11, 2023

Witness: Mushtari Afroz