

HOW DO I AGREE TO PARTICIPATE IN THIS STUDY?

You should not sign this consent form until all of your questions about this study have been answered by a member of the research team listed at the top of this form. You will be given a copy of this signed and dated consent form to keep. **Participation in this study is voluntary.**

I agree to be audiotaped: No Yes

I agree to be videotaped: No Yes

I agree to allow access to any existing, relevant data archives I have: No Yes N/A

I agree to have excerpts from the interview quoted in written reports and publications:

No Yes w/ my review

I agree to have quoted excerpts from the interview used in oral presentations: No Yes w/ my review

I agree to have all or parts of the audiotape/videotape posted on the project website:

No Yes

I agree to have all or parts of the audiotape/videotape available on the project website to students, artists, journalists and others interested in the material for their own projects: No Yes

I agree to have records of the interview (including notes and any recordings) preserved for public use permanently: No Yes w/ my review

I also recognize the following conditions:

- I can ask that the video and/or audiotape be turned off at any time during this interview, and the tape will be turned off.
- During the interview, I can designate any comments I make as "off the record" and these comments will be deleted from the audio and/or video recording.
- I can ask that my name not be attached to quotes or recordings by initialing here ML. I acknowledge that anonymity is not feasible if I am videotaped.
- I will be sent a copy of any publication in which I am quoted and will be sent links to any of my interview material on the project website.
- In the future, I can ask for all or parts of audio or video recordings to be: (1) removed from the project website, (2) taken out of the data set from which quoted material is drawn, (3) destroyed.
- I acknowledge that I will not be able to retract anything that is already in print or in press at the time I submit a retraction request.
- I can ask for additional conditions, and have listed these below:

Your signature below indicates you have read the information in this consent form and have had a chance to ask any questions you have about this study.

I agree to participate in the study.

Subject Signature

NYMWAM06

Printed Name of Subject

Researcher Signature

Date

06/11/2019

Date

06/11/2019