

Participation Agreement and Release Form

I, _____, give my approval for my story, photographs and/or video to be used by the Institute for Community Inclusion (ICI), an organization housed within the School for Global Inclusion and Social Development at the University of Massachusetts Boston (the "University").

I understand that the information collected may identify me as a person with a disability. It can be used by the University, or anyone who has been given permission by the University, for:

- teaching
- training
- sharing information with parents, professionals, and individuals
- other purposes in the interest of community awareness, education, research, or publicity

This statement has been discussed with me. I understand that this information can be used in many ways. These include:

- in electronic media (for example-- online and on the computer)
- in print media (for example-- a printed newsletter)
- in social media (for example-- Facebook, Instagram, Twitter)
- other forms of communication (for example-- during presentations at a conference)

I understand that my name will not be used along with this information if I don't want it to be. I also understand that I may change my mind and withdraw my permission to use the information at any time.

I agree that I am participating because I want to, and for my own personal interest. I am not an employee, student, or representative of the University. I am over 18 years of age, understand what I have read, and no one else is forcing me to sign this document.

YES, ICI may use my FIRST and LAST name.

YES, ICI may use my FIRST name ONLY.

NO, ICI may NOT use my name.

To be filled out by participant:

Participant signature

Date

Print name

Address

City, State, Zip

Parent/Guardian Consent (if Participant is under 18 years of age or under guardianship)

I am the parent or guardian of the individual named above. I have the legal right to consent and do consent and agree to the terms and conditions of this Participation Agreement and Release.

Parent/guardian signature

Date

Parent/guardian name

Parent/guardian Address

City, State, Zip

