

North Dakota State University, Department of Animal Sciences & the Center for 4-H Youth Development 1300 Albrecht Blvd. Dept. 7630 Fargo, ND 58108

Parent Permission for PHOTOS AND VIDEOS: BBQ Junior Grill Masters Bootcamp and Chef for a Day Grill-off

Photos and videos taken during the event. Photos and video footage taken during the event will NOT be used for research purposes. Photos and videos are considered identifiable content and thus your permission is requested to use photos and/or videos of your child participating for social media, news paper articles, and other possible media to commend award winners and advertise the event.

What if I have questions? This study is being conducted by researcher Dr. Leigh Ann Skurupey. If you have any questions about this project, please contact Dr. Skurupey at 701-231-6658 or LeighAnn.Skurupey@ndsu.edu.

What are my rights as a research participant? You have rights as a participant in research. If you have questions about these rights, or complaints about this research, you may talk to the researchers or contact the NDSU Institutional Review Board by: Telephone: 1-701-231-8995 or toll-free at 1-855-800-6717 Email: ndsu.irb@ndsu.edu Mail: NDSU HRPP Office, 1735 NDSU Research Park Dr., NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050. Thank you for your participation in this study. If you wish to receive a copy of the research results, please email your request to LeighAnn.Skurupey@ndsu.edu.

I grant permission to take photos of my child during a face-to-face event or use photos submitted by me/my child for a distance learning opportunity for the grilling bootcamp and grill-off contest to be used to promote the grilling bootcamp and chef for a day grill-off contest to others.

I grant permission to take videos of my child during a face-to-face event or use videos submitted by me/my child for a distance learning opportunity for the grilling bootcamp and grill-off contest to be used to promote the grilling bootcamp and chef for a day grill-off contest to others.

Print full name of child

Your phone number

Print full name of parent/guardian

Signature of Parent/Guardian

Date

Name of Researcher

Signature of researcher

Date

I DO NOT grant permission for my child's photos or videos to be used in any capacity.

Print full name of child (*Please do not provide your signature here or above*)

Extension agent/assistant contact information: _____