

# Appendix IV:

## *Sample consent forms*



Address: 1 Yellow Jacket Drive • Edcouch, TX 78538  
Phone/ Fax: 956.262.4474  
Web: <http://captura.llanogrande.org>

### Consent to Record for Adults (18 years & Over)

I consent to the recording of my voice and/or likeness by the Llano Grande center for Research and Development (LGC), a nonprofit organization located in Edcouch, Texas, for use in publications in audio and video recordings, and any format or media now known or developed in the future. The recordings will be used primarily by the nonprofit during presentations and training workshops with community organizers and leaders.

The LGC may edit this recording and will use its professional judgment in making any edits. LGC has the full, worldwide, and exclusive right during the term of copyright, extensions, and renewals and may print, publish, license, sell, and distribute the work in all languages, forms and media, whether now known or hereafter invented and may use my name and likeness in promoting them.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Physical Address:  
\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



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## Consent to Record for Minors

The Llano Grande Center for Research and Development (LGC), a nonprofit organization located in Edcouch, Texas, would like to feature \_\_\_\_\_ (name of the minor) in a video production on \_\_\_\_\_ (date of production). The recordings will be used primarily by the nonprofit during presentations and training workshops with community organizers and leaders.

I give permission for my child to be present during video taping and for my child's likeness to appear in any media produced by the LGC or its agent. I acknowledge that the LGC is the sole owner of all rights to the media. I understand that the LGC has the exclusive right to edit and use the material in any form.

*To be filled by Parent or Guardian*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Physical Address:

Name: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_