

## Consent to Participate in the *hear/say* Oral History Project and Media Release Form

The **hear/say** oral history project aims to record and respectfully share the personal stories of aging people (with and without dementia), caregivers, and people working in the field of dementia. The **hear/say** project shares the stories with the public via different forms of media (written, audio, photography, and video). Sharing these narratives with the broader community can redefine and inform attitudes and action around aging, dementia, and caregiving.

The **hear/say** project is supported by the Global Brain Health Institute (GBHI) based at the University of California, San Francisco (UCSF) and Trinity College Dublin. GBHI works to reduce the scale and impact of dementia by training leaders in brain health through the Atlantic Fellows for Equity in Brain Health program at GBHI. Materials created during this project will be used in furtherance of GBHI's education and public service mission.

The steps below describe the stages of the **hear/say** project. Your initials and date at each level denote consent. We will confirm your consent at each stage. If you do not speak English, you will be provided with an interpreter who will explain this consent form in your language.

Even if you agree to participate now, you can refuse to answer any question at any time. You can withdraw permission to use a part or all of your interview for future use, but not where the story has already been published or performed. Your story will not be published without your consent, and you will be able to review the final edited draft of your narrative for feedback and final approval before publication. You can select to use your full name, your first name only, or a fictitious name in the final story.

INITIALS	DATE	<b>Audio:</b> I _____ (PRINT FULL NAME) voluntarily give my consent to GBHI to be interviewed and audio-recorded for the <b>hear/say</b> project and grant access to my location for the <b>hear/say</b> personnel to make these recordings. I may request a transcript and/or recording of my interview for my personal use.
		<b>Video:</b> I agree to my interview being video-recorded.
		<b>Publication:</b> I agree to my interview transcript being edited into a story and considered for publication (print or digital) that may include identifying images or audio.
		<b>Multimedia:</b> I agree to my interview recording being edited into a story and considered for a multimedia exhibit, public performance, or broadcast that may include identifying images or audio.

I and my successors waive any right to compensation or copyright. I and my successors further release and forever discharge GBHI, UCSF, Trinity College Dublin, Voice of Witness, their officers, agents, employees, and licensees from any and all claims, demands, or causes of action, at law or in equity, arising out of or in connection with the creation and use of said photographs, sound recordings, and videos, including but not limited to any and all claims for injury, invasion of privacy, defamation, or infringement of copyright.

I agree to jurisdiction of state and federal courts located in San Francisco, California and that California law shall govern this agreement, and hereby specifically waive the right to equitable relief or to enjoin, restrain,

or interfere with, the production, distribution, exploitation, exhibition, or use of any of the rights granted herein.

I understand that my contact details, signed consent form, original recordings, and transcript of my interview will be retained in a secure digital archive for the maximum duration permitted by applicable law. Access to these materials will be limited to members of GBHI and will not be used beyond the spirit of GBHI's education and public service mission. I am entitled to access the information I have provided at any time while it is in storage.

If you would like further clarification or information, please contact the **hear/say** project team at [hear-say@gbhi.org](mailto:hear-say@gbhi.org). You have a right to receive a copy of this signed consent.

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Signature of Participant or Participant's Lawful Conservator/Guardian

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Date

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Print Name

If signed by someone other than the participant, indicate relationship: \_\_\_\_\_

**Contact information:**

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Email

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Phone

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Street Address

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City, State, ZIP, Country

**Witness** (name of person securing this form):

I believe the participant is giving informed consent to participate in this project.

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Signature of Witness

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Date

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Print Name