

Consent Form

This form is about taking part in **Organization Name**'s work.

We want to include people with intellectual disabilities.

We are having meetings so we can hear your ideas and experience.

We want to use the ideas you share with us to help make sure our work includes everyone.

For us to use the ideas you tell us, we need your consent.

“Consent” means you telling us it is okay to do something.

Before you join the meeting, please fill out this form.

You do not have to join the meeting if you don't want to.

For each item in the list below, if you are okay with it and you agree, write an X in the “yes” box.

If you are not okay with it, write an X “no” box. We will respect your choices. We will not do anything that you say no to.

	Yes	No
I agree to take part in the meeting.		
I agree that what I say can be recorded.		
I agree that Organization Name can use what I say in their work.		
I agree that pictures or video can be taken of me.		

	Yes	No
I agree that pictures or video of me can be shared by Organization Name .		
I know that I can leave the meeting at any time.		
Do you agree that your full name can be used with a quote of what you said?		
Do you agree that your full name can be used with a picture of you?		

Your name:

Signed: _____

Date: _____

Signed on behalf of participant (if applicable):

Date: _____

Print name:

Relationship to participant:
