Informed Consent Statement for Participation in Research

Assessing the Efficacy of Marine and Environmental Conservation and Outreach Activities

Principal Investigator: Dr. Carrie Joe Bucklin

Researcher use only

Interviewer: ___________________________ Date of Interview:______________

As part of the Youth Ocean Explorers Summer Program, you are invited to take part in a research study, “Assessing the efficacy of Marine and Environmental Conservation and Outreach Activities”. We hope that your participation and partnership with this research project will help all of us, scientists and citizens alike, to achieve a better understanding of how best to promote and understand community needs regarding environmental conservation. Thus, we would like to invite you to join us and share your knowledge with us. Please read this form carefully and ask any questions you may have before agreeing to take part in this study.

What the study is about: This study is designed to gain a better understanding of how participant’s environmental knowledge, conservation attitudes and career aspirations are affected by the program’s activities. You must be over 18 years old, or have a signature from a legal guardian, and be a resident of the USVI in order to take part in this study.

What you will be asked to do: Please consider the following points

- The study to which you are asked to participate, involves scientific research. The method of participation is questions-answers and a discussion section with the researcher(s).
- The interview and conversation will be recorded for further scientific analysis.
- Your participation is entirely free and voluntary. If you choose not to participate or at any time decide to end your participation, doing so will involve no penalty whatsoever. If, at any time during the process you decide to withdraw your consent, you have the right to do so, and your decision will be respected.
- Your identity for any data, information, or knowledge provided to the research team will be kept secret, and will not be disclosed to anyone outside the researchers under any circumstances. The research team will make sure that any identifiable information (for example your name, your address, or any other personal data) will not be published, disseminated, or made available publicly, unless you specifically indicate that you wish to do so.
• Any additional material that you wish to kindly contribute to the research, will be properly acknowledged and cited in any published material and public access will ensure that such acknowledgment is properly given and received.

• No monetary compensation has been agreed or expected for your participation in research or for obtaining your informed consent in this agreement.

• This research engagement relies on community agreement, and values community consent. The purpose of the research under no circumstances is to initiate disputes and community unrest. If such occur during the participatory process, the research team will stop any processes that are in place and protect the community integrity.

• This research involves no more than minimal risk to the participants. No physical harm or distress is expected to be a result of the participation process.

• Any part of this agreement and any alteration do not affect any rights of the participant including, but not limited to property, life, dignity, access to information, and freedom of speech and choice.

• If by any means you feel insulted, abused, mistreated or misinformed, you will be provided with contact details of the Principal Investigator of the research project, and the telephone of the UVI’s Institutional Review Board.

Statement of Consent: I have read the above information and have received answers to any questions. I consent to take part in this research study.

I, ________________________________, participant in the UVI’s research study described above, have read and agreed on the previous statement, and that I am providing my informed consent in recording my conversations with the research team, use the content of the information that I will provide for scientific research purposes, and keep my identity concealed from anyone except the research team.

I also consent in using any additional material (photographs, old audio/video, or any other documentation), for scientific research use and in accordance with the previous statement. I desire to keep my identity regarding the additional material: [ ] concealed [ ] public.

I understand that I give my consent voluntarily, and that I can withdraw my consent at any time without penalty or any form of compensation.

________________________  ________________
Signature of participant Date

________________________
Signature of Parent/Legal Guardian

________________________
Signature of interviewer
Dear participant,

On behalf of the scientific team of the research project, we would like to thank you for your participation and contribution to the research effort. Understanding and recording how camp activities impact participant’s career aspirations, knowledge, and conservation attitudes is fundamental to informing future community based activities. This also provides a valuable example of how scientific research and community aspirations can work side by side to achieve important outcomes for the future generations of Virgin Islanders.

Our promise is to carry your voice, contribution, and views into informing our scientific understanding of effective educational and outreach activities. We also desire to contribute to the goals and aspirations of the community, and to be a valuable community partner in the future. Therefore, we value your opinions, feedback and suggestions that will help all of us work together as partners in this island. Please, do not hesitate to contact anyone in this research team if you have any recommendations, suggestions for people, friends or family members that you believe we should contact. We also want to know your suggestions for further data and historical documents.

Finally, we also value your feedback. If during your experience participating in this research you felt disrespected, abused, misguided or harassed, we also want to know. Please contact the project scientific investigators listed below, or call the UVI’s Institutional Review Board at: 693-1202.

Scientific Contacts:

Dr. Carrie Joe Bucklin (carrie.bucklin@live.uvi.edu)
Tel: 693-1215
Outreach and Education Coordinator
VI-EPSCoR
University of the Virgin Islands
2 John Brewer’s Bay, St. Thomas, VI 00802

Thank you for your collaboration and participation,

On behalf of the research team,

Dr. Carrie Joe Bucklin
Outreach and Education Coordinator (VI-EPSCoR)
University of the Virgin Islands
University of the Virgin Islands Release and Waiver of Liability

As consideration for my participation in

Center for Marine and Environmental Studies field activities,

I hereby for myself, family, heirs, executors, administrators and assigns waive, release and forever discharge The University of the Virgin Islands and its Board of Trustees, officers, employees and agents from any and all liabilities, demands, claims, damages, losses, costs (including attorney’s fees), actions and causes of action arising out of or in connection with my participation in the above listed activity and/or the use of The University of the Virgin Islands facilities, furnishings, or equipment during this event. I also acknowledge that The University of the Virgin Islands and its Trustees, officers, employees and agents assume no responsibility for any bodily injury, death, loss, illness or accident to myself or others or damage to personal property which may arise out of my participation in this event.

I fully understand and hereby acknowledge that participation in this event involves many risks, including the risk of serious bodily injury and death. In consideration of being allowed to participate in this event listed above, I voluntarily accept and assume all responsibility for and risk of such personal injury arising out of my participation. I understand and agree that the University of the Virgin Islands and its Trustees, officers, employees or agents are granted permission to authorize emergency medical treatment, if necessary, and that such action shall be subject to the terms of this agreement.

I understand and agree that The University of the Virgin Islands and its Trustees, officers, employees and agents assume no responsibility for any injury or damage which might arise out of or in connection with such authorized medical treatment.

I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms and I acknowledge that I am signing this agreement freely and voluntarily and **intend by my signature to be a complete and unconditional release of all liability** to the extend allowed by the laws of the Virgin Islands.

**This is a release of legal rights, read and be certain you understand before signing.**

Participant Signature:_________________________________________

Date_____________________ Print Name (participant):____________________________________

**IF UNDER 18, this form MUST be signed by a parent or guardian before participation.**

______________________________ (Print)Parent or Guardian

______________________________ Parent or Guardian Signature

______________________________ Date
Photo Release - Minor

I, _________________________ (parent or guardian), do hereby give the University of the Virgin Islands and ______________________ (the photographer), their assigns, licensees, successors in interest, legal representatives, and heirs the irrevocable right to use my child’s name ______________________ (or any fictional name), picture, portrait, or photograph in all forms and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes. I waive my right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s), including written copy that may appear in connection therewith.

I hereby release and agree to hold harmless the University of the Virgin Islands and the photographer, ________________________, their assigns, licensees, successors in interest, legal representatives and heirs from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photographs, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I agree that the University of the Virgin Islands owns the copyright of these photographs and I hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel. I agree that this release shall be binding on me, my legal representatives, heirs and assigns. I have read this release and am fully familiar with its contents.

Model Name

Print: ___________________________________ Sign: ________________________________

Parent/Guardian Name

Print: ___________________________________ Sign: ________________________________

Address: ___________________________________ Date: ______________________________

Phone: ___________________________________

E-mail: ___________________________________

2 John Brewer’s Bay St. Thomas, U.S.V.I. Phone: (340) 693-1058 Fax: (340) 693-1055  October 10, 2013