



## OTHERKIN, THERIANTHROPE, VAMPIRES, FURRIES AND BRONIES

### USE OF TRANSCRIPT CONSENT FORM

**CODE:**

Initial to indicate agreement

EITHER: I have read the transcript and agree to its use for the purposes of the research

OR: I have read the transcript and agree to its use, with the amendments indicated in the text, for the purposes of the research

EITHER: I agree/do not agree to the audio/video recording (*delete as appropriate*) to be used. I understand that in giving my consent for this it may be possible for others to identify me.

OR: I agree to the audio/video recording (*delete as appropriate*) to be used, with amendments in line with those indicated in the text, for the purposes of conferences, education and academic publications. I understand that in giving my consent for this it may be possible for others to identify me.

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date