

Signature Page

Project title:

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|---|------------|------------------|
| When your photos and stories (quotes) appear on reports, would you like your first name shown or an alias (not a real name) shown? Please check (✓) | First name | First name alias |
| Would you like your names (full name) to be acknowledged as an author of the photographs when a design guide photobook is published? *If no, we will only use your choice above (first name or first name alias) Please check (✓) | Yes | No |

I have read and listened to the explanation about this study. My questions have been answered to my satisfaction. I understand that I have been asked to take part in an interview (by phone/Zoom), and that the interview will be recorded. I agree to take part in this study. I authorize the researcher to use my photos and interview comments and stories, with the means of identifying me above. My participation is voluntary, and I understand that I am free to withdraw completely from the study at any time, until October 7, 2021.

Name

Signature

Date

Contact Information: (E-mail or Phone or Both)