INFORMED CONSENT FORM

I, ________________________________, understand that tapes/drawings/notes/photographs have been made by ________________________________ as a part of a fieldwork project for a course in anthropology at Boise State University.

We discussed the following conditions of this project:

< That this is a student project for an anthropology class. I am collecting and documenting cultural materials to better understand how cultural knowledge is passed from one person to the next in a variety of genres and forms.

< That I will record or take notes about cultural interactions (verbal, non-verbal and partially-verbal) in an effort to document my observations.

< That this procedure should in no way interfere, inconvenience, or put at risk any of the participants in the culture being observed or the person being interviewed.

< That this study will benefit me by providing me with insights into how cultural processes really work; and it may benefit the respondent by providing an opportunity to exhibit knowledge and skills not otherwise recognized.

< That the respondent can simply agree to participate, yet remain anonymous (implied consent); or he/she can sign a release form (informed consent) and acknowledge participation.

< That the respondent can refuse, withdraw or place any restrictions whatsoever on both the procedures and the disposition of the material collected.

< That this material will be retained in the Department of Anthropology for a period of three years and then either be destroyed or sent to the Ethnographic Archive.
of the Intermountain West in the BSU Albertson Library, where it will remain in perpetuity under the conditions stipulated in the release.

Project materials selected for inclusion in the Ethnographic Archive of the Intermountain West at Boise State will be available to the public and researchers as requested. It is possible that the respondent’s words and image will be used in publications or products that may result from this as long as they are used for educational, not-for-profit purposes only. The interviewees consented to these actions and conditions, except for any restrictions that may be listed below:

(Interviewee’s signature)   (Date)

(Address)

(Zip code)   (Phone number)

(Researcher’s signature)   (Date)

(Address)

(Zip code)   (Phone number)

(Witness-optinal)   (Date)

Restrictions:

This project has been reviewed and approved by the Boise State University Institutional Review Board for the Protection of Human Subjects in Research (208-426-1574). If you have questions about this form or the project, please contact Dr. Robert McCarl/Department of Anthropology/HWSC 116/Boise State University/1910 University Drive/Boise/ID/83725-1950. Phone: 208-426-4038 for more information.