CONSENT TO HAVE VIDEO RECORDINGS MADE

Title: The Relationship Between Hip Muscle Imbalances and Low Back Pain

Primary Investigators:

Ken Queliza
Graduate Student, Sports Medicine
Armstrong Atlantic State University
(832) 277-8449

Faculty Advisor:

Bryan L. Riemann, PhD, ATC
Director, Biodynamics Center
Associate Professor, Sports Medicine
Armstrong Atlantic State University
(912) 344-2934

I, ______________________________________________, hereby grant permission for the above investigators to video record parts of the assessments that will be conducted on me as a volunteer for the above titled study. I understand that all video recordings of my performance will be used solely for data verification and analysis. The only persons who have access to the video recordings are the above listed persons.

Please read and sign one of two following statements:

I, ______________________________________________, hereby grant permission for the photographs and video recordings made of me to be used for teaching or professional publication purposes.

__________________________________________  ____________________
Signature       Date

I, ______________________________________________, hereby deny permission for the photographs and video recordings made of me to be used for teaching or professional publication purposes.

__________________________________________  ____________________
Signature       Date