



Healthy Living Through Environment  
Policy and Improved Clinical Care (EPICC)

### CONSENT TO PARTICIPATE IN INTERCEPT INTERVIEW MEDIA PROJECT

You're invited to participate in a statewide project to promote the use of paths. The goal of this interview is to:

- (1) Collect information about how you feel about your community's walking and biking paths, and
- (2) Videotape your opinion and share it through media campaigns, presentations, success stories, evaluations, and other types of publications. Videos may be posted on websites, and/or used in media campaigns and used in other ways to promote the use of paths. Your video will also be shared with local communities, state agencies, and other partners.

Your decision to participate is completely voluntary. After signing this form, you will have up to three days to withdraw your consent if you choose. If you have any questions or wish to withdraw consent, contact Brett McIff at [bmcIff@utah.gov](mailto:bmcIff@utah.gov) (801.538.6530). You may have a copy of this form for your records.

We may need to contact you with a follow-up question. Please provide your full name, address, signature and date below.

*Please check the appropriate boxes below. Utah Department of Health Media Consent Form: I hereby grant permission to the Utah Department of Health (UDOH) to use my:*

- |  |   |
|--|---|
| <input type="checkbox"/> Photograph      | <input type="checkbox"/> Videotaped Image |
| <input type="checkbox"/> Quotes/Comments | <input type="checkbox"/> Name             |

*for publicity and educational purposes in any and all publications and media without limit or reservation.*

- *I understand that my information will help the Utah Department of Health, local health departments, and others understand why people want to use public paths and sidewalks.*
- *My information may be combined with information from other participants to identify major points and themes that come from the combined interviews.*

*My signature below means I consent to participate and agree to have my information used as checked above. I have read and understand this information and the purpose of this project is clear to me. I am over 18 years of age.*

Full Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_