(on letterhead)

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Consent Form, Oral History of Costuming Traditions and Events

I am a researcher from the University of Winnipeg. I am studying events in which adults physically represent themselves as a person of another sex or gender, as an animal, or as an object. These kinds of costuming have long been part of traditional and popular games, rituals, celebrations, and protests. I’m interested in current as well as historic forms. I want to know about your experiences with these kinds of events, and how you feel about them.

I’m glad you’ve indicated that you are interested in doing this interview. I hope that it’s still OK with you. If it isn’t, I will not continue. I would appreciate your allowing me to audio record an interview with you. The interview will probably take from 40 minutes to 2 hours. If we start the interview and you do not wish to continue, please tell me and I will not continue. If I ask a question or questions you don’t want to answer, that is perfectly OK with me--you don’t have to answer. You can also contact me if you later decide you don’t want me to use the information you gave me. I will do my best to ensure that your information is removed from any presentation or publication that has not already happened.

DO YOU AGREE TO LET ME AUDIORECORD THIS INTERVIEW? yes/no

I do not foresee any risks that could result from your participation in this research. However, if you think of any, please bring them to my attention. The information I get from you may be used in my teaching and further research. It could be published in books or articles, and/or on the Internet. I may give public talks about it at events in Canada and internationally.

DO YOU AGREE TO LET ME USE THE MATERIAL IN THESE WAYS? yes/no

DO YOU WANT TO RESTRICT ANY OF THESE USES? yes/no COMMENTS?

This is important oral history research, and it would be nice if I could recognise you as the source of the information. But it is up to you if you want to be named or not. The only time I can’t promise to identify you would be when identifying you would make it possible for someone else who doesn’t want THEIR name associated with the research to be identified. However, if you do NOT want to be identified in the research I will give you a pseudonym, or you can choose your own.

DO YOU WANT YOUR NAME ON THE RESEARCH? yes/no

CHOSEN PSEUDONYM, IF ANY:

You will be giving me a lot of valuable information for my research. I would be happy to give you a copy of the recording and/or a copy of the written transcript of the interview. I will also do my best to contact you before I present any of my research results to see if I have accurately represented what you told me.

DO YOU WANT A COPY OF THE RECORDING? yes/no

DO YOU WANT A COPY OF THE TRANSCRIPT? yes/no

It is standard practice in the field of oral history to keep the audio recordings of interviews permanently. Your interview will be securely kept on digital files. At a future date, if you choose, these interviews, including the audio recordings, questionnaires, and/or transcripts, will be archived so that future generations can benefit from your knowledge. You are under no obligation to agree to this. In addition, if at a later date you wish to have the interview, transcripts and questionnaire removed from the archives and/or destroyed, that authority is in your hands.

DO YOU AGREE TO HAVE YOUR INTERVIEW DEPOSITED IN AN ARCHIVE? yes/no

I hope everything will go well with your interview. But if you have any concerns about it or this work I hope you will discuss them with me. I can be reached at (204) 786-9439, at p.greenhill@uwinnipeg.ca, or at the University of Winnipeg, 515 Portage Ave., Winnipeg, Manitoba R3B 2E9. But if you are still unhappy with something after you’ve talked it over with me, I urge you to contact the University Human Research Ethics Board officer at (204) 786-9058, ethics@uwinnipeg.ca, or the University of Winnipeg address above.

PLEASE NOTE HERE ANY QUESTIONS OR CONCERNS.

Thank you so very much for helping me. Please give me your:

name:

address:

phone number:

e-mail:

signature:

date: