Consent & Recording Release Form - Adult

I agree to participate in the study conducted and recorded by the [Agency/Organization].

I understand and consent to the use and release of the recording by [[Agency/Organization]. I understand that the information and recording is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording and understand the recording may be copied and used by [Agency/Organization] without further permission.

I understand that participation in this usability study is voluntary and I agree to immediately raise any concerns or areas of discomfort during the session with the study administrator.

Please sign below to indicate that you have read and you understand the information on this form and that any questions you might have about the session have been answered.

Date: 11/13/23

Please print your name: Kristin Grieco

Please sign your name: K Grieco

Thank you!

We appreciate your participation.