



RESEARCH RELEASE

Date:

Research Name:

Location: Morgantown, PA

VOLUNTARY PARTICIPATION: *I voluntarily agree to participate in this evaluation. I understand that this evaluation is being conducted by GenSpan Group, LLC, regarding the product listed above. I understand that the evaluation methods that may involve me are:*

1) My participation in a brief interview and/or 2) My completion of evaluation questionnaire(s)

RECORDING & USAGE OF RESEARCH: *I grant permission for the interview to be recorded and transcribed, and to be used by GenSpan Group, LLC for analysis of interview data and product development.*

CONFIDENTIALITY: *I agree to not disclose information or product designs viewed at this research to any other party. I acknowledge that neither myself nor any of my immediate family members work for or with a juvenile product manufacturer.*

ASSUMPTION OF RISK: *I will be personally responsible for my own safety during these activities and assume all risks and accept full and complete responsibility for any and all physical damages and personal injury of any kind.*

Print Name: _____

Witness Print Name: _____

Sign Name: _____

Sign Name: _____

Date: _____

Date: _____

Print Name: _____

Sign Name: _____

Date: _____

☐ *I have received a \$100 gratuity for participating in this research event (Please initial here)* _____