BlurBodyBalance Focus Group Permission Form

Blur1

**Purpose**

The purpose of this focus group is to receive feedback on our application, BlurBodyBalance. As a part of this focus group you will be asked to answer structured and open-ended questions. This will take approximately 10 minutes.

**Participant’s Rights**

I understand that my responses will be available only to the Blur1 development team and the COS 420 professor. No one will be able to identify me based on my responses and my name will not appear anywhere in the written report. I understand the consent form will be kept separate from the data records for confidentiality. I may choose to not participate or stop at any time without penalty.

**Consent to Participate**

I acknowledge my rights as a participant described above. I acknowledge my participation is voluntary.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_