

VIDEO PERMISSION FORM

I hereby grant permission to be videotaped as part of my participation in the Wallet Manager usability test conducted on _____ [date].

Only my first name may be reported in association with the session results. I understand and consent to the use and release of the video recording only for internal analysis. I understand the video recording and any highlights extracted from it may be used for any of the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations

I give up any rights to the video recording and to understand that the recording may be used for the purposes described in this release form without further permission.

I understand that if for any reason I do not want to continue, I can leave at any time during this recording session. I can also deny consent at any time.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Printed Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____

Signature _____

Date _____