**VA Research Participation Consent**

**Session Description**

You are being asked to participate in a feedback session to give your opinion on a website created by the Department of Veterans Affairs. By participating in this feedback session, you will help the VA improve this website.

This feedback session will take about 15 minutes. We'll ask you some questions and show you a website design. We won’t use your name in association with anything you say during the session.

You may quit the session at any time. If you need a break, just tell the us. If you have questions, go ahead and ask them whenever you like.

**Consent**

By initialing below and signing this form, I give my permission for the VA to use:

* Written notes of verbal statements (initial here \_\_\_\_\_\_)
* Recorded voice (initial here \_\_\_\_\_\_)
* Video recording (initial here \_\_\_\_\_\_)

I understand that I may quit the session at any time. If I need a break at any time, I will tell the moderator. I agree to ask questions about the session if I don't understand something. If I have questions after the session is over, I can contact the DSVA team at [feedback@va.gov](mailto:feedback@va.gov).

I expressly release the Department of Veterans Affairs from and against any and all claims, which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the production, distribution, display or publication of the results of the project, as the conditions described above are met.

By signing below, I indicate agreement with these terms above.

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_