



Usability Test – Permission to Record

Thank you for participating in our usability test. We will be documenting and recording your session to allow Flexion Inc. staff members who are unable to be here today to observe your session and benefit from your comments, as well as to thoroughly analyze this session after its end.

Please read the statement below and sign where indicated.

I understand that my usability test session will be recorded.

I grant Flexion Inc. permission to use this recording for internal use only, for the purpose of improving the designs being tested.

Signature: _____

Print your name: _____

Date: _____