

## PARTICIPANT RELEASE FORM

**Contact:** Your Museum Contact here

### Adult Participant Release Form

You have been invited to participate in a focus group for a group of museums led by [MUSEUM]. This focus group, conducted by staff from [museum name], is intended to help art museums develop educational programs for visitors who are blind or visually impaired. To help ensure that we accurately capture your feedback, the focus group will be audio recorded.

The focus group will be audio recorded for research purposes. These audio recordings will only be shared with staff working on the project. You will never be identified name in the audio tapes, every reasonable effort will be made to ensure that your ideas and feedback are kept confidential, and pseudonyms (made-up names) will be used.

The focus group is intended to collection information so art museums can design more educational and engaging programs for visitors who are blind or have low vision. By collecting feedback about what you want from a museum experience, what encourages you to visit museums, and what discourages you from participating at museums, we hope to better design future educational programs.

If you do not wish to participate or be audio recorded, please indicate so below. You have the right to withdraw consent at any time and may do so and direct any questions, comments, or concerns about this project at any time to [NAME OF THE MUSEUM STAFF PERSON] the contact information above.

#### Consent for Participation and Audio Recoring (check one)

☐ Yes, I **agree** to be interviewed and audio recorded as detailed in the letter above.

☐ I **do not** agree to be interviewed and audio recorded.

Your Name: \_\_\_\_\_

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