

## End Of Visit Release Agreement (EVRA)

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is **XXXX-XXXX** (expiration date: **MM/DD/YYYY**). Responding to this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

**In compliance with the Informed Consent Document you signed, you have agreed to not drive, bike, or walk yourself home and to not drive again until you are well-rested. If you choose to drive yourself, you will be withdrawn from the study.**

**For your safety and the safety of others, we would like to confirm that you have a mode of safe transportation to pick you up after today's visit. This driver could be somebody you know personally (family, friend, colleague) or could be a driver for a rideshare company (e.g., Uber, Lyft) or taxi company (e.g., Yellow Cab). You will be receiving \$70 to assist with expenses but are responsible for covering expenses at time of service.**

- Please select the mode of safe transportation you will me up, and be taking after today's visit:
- Somebody I personally know will pick they will be sober
  - I will get a ride from a rideshare company (e.g., Uber, Lyft) at my own expense
  - I will get a ride from a taxi (Yellow Cab) at my own expense

**By signing this form, I understand that I will take a safe mode of transportation after the visit, and that I have agreed not to drive until well-rested.**

Name of Subject

\_\_\_\_\_  
(Please type your First and Last Name)

Signature of Subject

\_\_\_\_\_  
(Click "Add signature" to sign)

Date of Signature

\_\_\_\_\_  
(Use the "Today" button to enter today's date)

Name of Researcher

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(Please type your First and Last Name)

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Signature of Researcher

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(Click "Add signature" to sign)

