

Personal Release Form

| | t to allow Richard Solomon, MD and The P s, affiliates, and assignees to use the pictu | | yees, agents, . The |
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| pictures | / videos may be used for the following pur the last item if approval is not granted): | , | |
| | sharing video/images at training seminar | rs for professionals and students | |
| | sharing video/images at community work introducing the community to autism and | • | essionals; aimed at |
| | sharing video/images on our website www | <u>/w.playproject.org</u> | |
| | sharing video/images on our social medi Facebook page, The PLAY Project YouTub | | |
| | sharing video/images in commercial proc Project website, The PLAY Project comme | <u> </u> | <u>-</u> |
| | the right to crop or retouch, or edit such | photographs or videos | |
| | All the above uses are approved | | |
| | None of the above uses are approved | | |
| I unders | tand that the people shown in the videotap | pe will not be disguised and will be ide | entifiable. |
| Richard assigns l any kinc | vledge that Richard Solomon, MD is the ow Solomon, MD and The PLAY Project and th narmless from any and all claims, costs, res I or nature whatsoever, directly or indirect ranted by me herein. | neir officers, employees, agents, licens siduals, royalties, damages, obligation | sees, affiliates and as and/or liabilities of |
| | C | CONSENT | |
| voluntai | vledge that I have read the above release prily agree to and give permission to Richard ntation of my child and family for the abou | d Solomon, MD for use of video foota | |
| | | | |
| Name | | Date | |



Personal Release Form- Minor

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| Name | | Date | |