



Personal Release Form

I consent to allow Richard Solomon, MD and The PLAY Project and their officers, employees, agents, licensees, affiliates, and assignees to use the pictures/ videos of myself, _____. The pictures/ videos may be used for the following purposes (please initial each use where you grant permission, or initial the last item if approval is not granted):

_____ sharing video/images at training seminars for professionals and students

_____ sharing video/images at community workshops attended by parents and professionals; aimed at introducing the community to autism and The PLAY Project intervention

_____ sharing video/images on our website www.playproject.org

_____ sharing video/images on our social media channels, including but not limited to, The PLAY Project Facebook page, The PLAY Project YouTube channel, and The PLAY Project blog.

_____ sharing video/images in commercial products located at including but not limited to, The PLAY Project website, The PLAY Project commercial store, and The PLAY Project social media channels.

_____ 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 understand that the people shown in the videotape will not be disguised and will be identifiable.

I acknowledge that Richard Solomon, MD is the owner of the photos/ videos and, by signing, I agree to hold, Richard Solomon, MD and The PLAY Project and their officers, employees, agents, licensees, affiliates and assigns harmless from any and all claims, costs, residuals, royalties, damages, obligations and/or liabilities of any kind or nature whatsoever, directly or indirectly, arising out of, or in connection with, the permission or rights granted by me herein.

CONSENT

I acknowledge that I have read the above release prior to executing it and I am familiar with its contents. I voluntarily agree to and give permission to Richard Solomon, MD for use of video footage and written documentation of my child and family for the above identified purposes.

Name

Date



Personal Release Form- Minor

I consent to allow Richard Solomon, MD and The PLAY Project and their officers, employees, agents, licensees, affiliates and assignees to use the pictures/ videos of my child, _____. The pictures/ videos may be used for the following purposes (please initial each use where you grant permission, or initial the last item if approval is not granted):

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_____ sharing video/images at community workshops attended by parents and professionals; aimed at introducing the community to autism and The PLAY Project intervention

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