

Personal Release Form

	o allow Richard Solomon, MD and The PLAY Project and affiliates, and assignees to use the pictures/ videos of m	
pictures/ vi	videos may be used for the following purposes (please in le last item if approval is not granted):	
sh	haring video/images at training seminars for profession	als and students
	charing video/images at community workshops attended ntroducing the community to autism and The PLAY Proj	, ,
sh	haring video/images on our website <u>www.playproject.c</u>	<u>org</u>
	sharing video/images on our social media channels, incl Facebook page, The PLAY Project YouTube channel, and	
	charing video/images in commercial products located at Project website, The PLAY Project commercial store, and	
th	he right to crop or retouch, or edit such photographs or	videos
A	All the above uses are approved	
N	None of the above uses are approved	
I understan	nd that the people shown in the videotape will not be di	sguised and will be identifiable.
Richard Sol assigns har any kind or	edge that Richard Solomon, MD is the owner of the photolomon, MD and The PLAY Project and their officers, em rmless from any and all claims, costs, residuals, royalties r nature whatsoever, directly or indirectly, arising out onted by me herein.	ployees, agents, licensees, affiliates and s, damages, obligations and/or liabilities of
	CONSENT	
voluntarily	edge that I have read the above release prior to executing agree to and give permission to Richard Solomon, MD ation of my child and family for the above identified pure	for use of video footage and written
Name	Dat	re



Personal Release Form- Minor

	t to allow Richard Solomon, MD and The PLAY P		
	s, affiliates and assignees to use the pictures/ vi	deos of my child, The s (please initial each use where you grant permiss	sion.
•	the last item if approval is not granted):	, (prease miliar each ase milere you grant permiss	,,,,,
	sharing video/images at training seminars for p	professionals and students	
	sharing video/images at community workshop introducing the community to autism and The	es attended by parents and professionals; aimed a PLAY Project intervention	at .
	sharing video/images on our website www.pla	<u>yproject.org</u>	
	sharing video/images on our social media char Facebook page, The PLAY Project YouTube cha	nnels, including but not limited to, The PLAY Project nnel, and The PLAY Project blog.	ect
		located at including but not limited to, The PLAY store, and The PLAY Project social media channe	ls.
	the right to crop or retouch, or edit such photo	ographs or videos	
	All the above uses are approved		
	None of the above uses are approved		
I unders	tand that the people shown in the videotape wil	I not be disguised and will be identifiable.	
Richard assigns l any kind	Solomon, MD and The PLAY Project and their of narmless from any and all claims, costs, residuals	of the photos/videos and, by signing, I agree to heficers, employees, agents, licensees, affiliates and s, royalties, damages, obligations and/or liabilities ising out of, or in connection with, the permission	d es of
	CONSE	ENT	
voluntai	vledge that I have read the above release prior t rily agree to and give permission to Richard Solo ntation of my child and family for the above ide	_	. I
Name		 Date	