



Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Haskins Laboratories, its employees, or agents have the right to take photographs, videotape, or digital recordings of me or my child beginning on _____ and ending on _____ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of _____. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Haskins Laboratories, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that _____ is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____