

### Video Release Form

An important part of our program is gathering data in relationship to the effects of **Out of the MATRIX**, through various modalities. In addition to some standard testing, such as the Achenbach tests, and other standard evaluation procedures, a significant venue is video. This allows us to capture the more subjective aspects of the results that standard testing has no way of providing, such as facial expressions, body language, tone and inflection of voice, as well as the general presence of an individual. We would appreciate your permission to video you for the primary purpose. If you're under 18, we will also need the signature of a parent or legal guardian.

I, \_\_\_\_\_, grant **Out of the MATRIX** permission to use my name, visual images and/or comments in all **Out of the MATRIX** research, evaluation data, training programs, and publicity materials. In granting permission, I understand that the images and comments may also appear in a variety of forms, including, but not limited to, magazines, newspapers, books, brochures, newsletters, television, videotape, advertisements, photographs, web sites, and media sources. I agree that the use of my visual images is the exclusive property of **Out of the MATRIX** and I waive all rights thereto.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Print Name \_\_\_\_\_

(For those under 18)

Parent/Legal Guardian signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_