

IMAGE AND EVENT LIABILITY RELEASE

To be completed by each person

AdaptoPlay is always pleased when people are willing to communicate the stories, experiences, and information about their experience received. Sharing your story can help others who are interested in knowing more about the services provided by AdaptoPlay.

AdaptoPlay respects the privacy of our attendees, members, visitors, and staff. Ensuring that medical information is kept confidential is among our highest priorities. AdaptoPlay seeks your permission to use your medical information and your consent to allow us to take and use audio/video/photographic material of you in AdaptoPlay's internal and external communications, including medical and general interest publications and medical and public education information, and distribute such materials online, in print, and in news media (such as TV, radio, newspapers, and magazines).

To ensure that AdaptoPlay is acting in accordance with your wishes, and using your personal information with your authorization, we ask you to fill out and sign this form. AdaptoPlay will keep a copy of your written permission on file.

I DO give my permission for AdaptoPlay to record the image and/or voice of me and/or my child. I grant AdaptoPlay all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes. I agree that all rights to the sound, still, or moving images belong to AdaptoPlay.

I DO give permission for AdaptoPlay to use my or my child's name and share details of my or his/her experience as a participant in communications produced by or on behalf of AdaptoPlay, and consent to take and make use of my and/or my child's audio/video/photographic images in publications produced by or on behalf of AdaptoPlay. This permission extends both to electronic versions on the AdaptoPlay websites and other internet/electronic applications as well as to printed, filmed, and taped versions.

I am not required to sign this authorization. AdaptoPlay does not condition participation, payment, benefit eligibility, or enrollment activities on the signing of this form. I can request a copy of this authorization be mailed to me. I understand that I will not be entitled to any payment or other form of remuneration as a result of any use of any information and audio/video/photographic material.

If I decide to sign this form, I have the right to request that audio/video recording, filming, or photographing cease at any time.

I am aware that my protected health information will exist forever in either a recorded, printed, and/or electronic version or other version as may develop over time and that once it is published or disclosed in any form it will continue to be used. I understand that information about me or my child used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting privacy of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state law.

I understand that I may revoke or withdraw this permission at any time to prohibit future use of my information. To do so, I must send written notice to AdaptoPlay, I understand that AdaptoPlay, as well as other persons or entities, will retain copies of any such electronic or printed versions and shall retain these versions forever and that any revocation of this authorization will only extend to the versions of the information within AdaptoPlay's control that have not been previously published.

LIABILITY RELEASE In signing this authorization, I acknowledge that AdaptoPlay is providing a service for my benefit. In consideration for being permitted to participate in events and activities sponsored by AdaptoPlay, I agree to assume all such risks and hereby release and discharge AdaptoPlay its affiliated agencies, officers, sponsors, trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises.

Last Name: _____ First: _____ MI: _____
Birthdate: _____ Parent/Legal Guardian: _____
Address: _____ Apt #: _____ County: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Work #: _____ Mobile #: _____ EMAIL: _____

SIGNATURE:

Date: _____

Name: _____

Parent/Legal Guardian (Signature) : _____