



Photo and Video Release Agreement

This agreement is made between _____ (“Subject”) and NeuroHope of Indiana Inc., (a 501©3) public charity (“NeuroHope”). Please initial beside each release statement below:

_____ Subject grants NeuroHope the right to use and publicly disseminate any video and/or photographs taken by NeuroHope in which Subject appears for publicity, research, marketing, or public relations in the sole discretion of NeuroHope.

_____ Subject consents to allow NeuroHope the right to display name within clinic to track progress, goals and/or enrollment purposes which will be verbally discussed prior to display.

Subject releases NeuroHope, its employees, agents, licenses, and successors from any claims, arising out of the rights granted herein.

Subject Name (Printed)

Date

Subject Signature

Date

Caregiver/Power of Attorney Name (Printed)

Date

Caregiver/Power of Attorney Signature

Date