

# Kathryn Brewer, M.Ed.

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PERMISSION TO BE VIDEO AND AUDIO RECORDED

Date

## VIDEO/AUDIO RELEASE

I, on my own behalf and on behalf of my minor child, APPROVE of and release **Kathryn Brewer** from any claim or liability arising out of the use of my name, likeness, artwork, and/or writing in any documentary, promotional or business materials about her offerings in any and all forms of media including but not limited to electronic, print, and broadcast, in perpetuity. Before dissemination I may request, in writing, to hear my portion of the recording and request its deletion.

I further consent to the reproduction and/or authorization by Kathryn Brewer to reproduce and use said recordings for use in all domestic and foreign markets.

## CONFIDENTIALITY

**Kathryn Brewer** acknowledges that she may obtain confidential personal information from child/adult and agrees to keep and maintain such information confidential and not to disclose or use such information without prior written consent.

I agree to hold all information disclosed by other participants in this event confidential and only share my experience and what is presented by Kathryn or co-presenters.

**By signing this form, I agree to all of the terms above.**

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