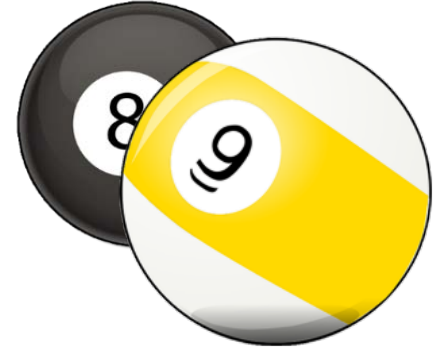




Video Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to The APA of Philadelphia, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). I understand this permission signifies that photographic or video recordings of me may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. This consent includes, but is not limited to:



- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me. By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to the bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____