

Crucible® Workshop Personal Release for Videotaping

The upcoming Crucible Neurobiological Therapy Workshop will be filmed for archive and research purposes. These recordings will be used in our subsequent trainings for mental health professionals and will not be shown on television or to the general public. All cameras will be aimed at Dr. Schnarch, as recording what he says and does is the object of this project. However, your appearance or voice could incidentally appear on camera or be recorded through your participation in the workshop. For this reason we ask that all participants sign this release. (If you do not wish to sign this, we will gladly refund your registration fees in full.)

I agree that Sterling Productions, Crucible Institute and the Marriage & Family Health Center (hereafter "you") may photograph me and record my voice, conversation, and sounds during and in connection with lectures and activities conducted at this workshop I am attending; without compensation to me; and I agree that you are the sole owner of all the results and proceeds of such photography and recording; with the right for yourselves and for your licensees to use the same and any portion thereof for professional training purposes, including but not limited to workshops, publishing, DVDs, and in connection with the advertising sale, and publicizing of any such use.

I hereby release and discharge you, and your assignees and licensees, from any and all claims, demands, or cause of action that I may have against you, whether for libel, violations of my right of privacy, or any other matter connected with the use and exercise of the rights I grant you herein.

I understand and agree that if I appear on the recording(s), you have no obligation to use that segment, or any part thereof.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

ADDRESS _____

CITY, STATE, ZIP: _____

Please print this page, sign, and fax to our office at (303) 670-2392 or email to service@crucibleinstitute.com.