



Photo Release Form

I hereby grant permission to the Center for Sensorimotor Neural Engineering (CSNE) and its representatives to take photographs or videos of me. I give permission to use these images and recordings in composite or modified forms and in any media, now known or later developed, including without limitation including the following formats: newspapers, television, radio, the Internet and the World Wide Web.

I further acknowledge that I will not be compensated for these uses and that the CSNE and its representatives exclusively own all rights to the images. I waive the right to inspect or approve uses of the images or of any written copy. I hereby release the CSNE, its representatives and employees from any claims that may arise from the uses, including claims of defamation, invasion of privacy, or rights of publicity or copyright. This release is binding.

The CSNE is not obligated to utilize any of the rights granted under this agreement.

Signing this agreement expresses the complete understanding of the parties.

Full Name			
Joseph John Lawler			
Parent or Guardian Signature (if under the age of 18 yrs)			
Address	City	State	ZIP
24218 East Main Drive	Sammamish	WA	98074
Telephone number	Today's Date	Time	
425-998-3096	6/7/18	12:30 PM	