

Expressive Media, Inc.

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www.expressivemedia.org

Authorization & Release Form

I, _____, give my permission to
_____, a _____, to authorize
Drs. Eleanor Irwin and Judith Rubin to use the footage of me doing [activity]
_____ that was filmed on [date]
_____ at the following location [place]
_____.

It is my understanding that this footage will be used in a teaching tape that will be made available primarily to mental health and other service professionals, for use in training and as a model of exemplary clinical work.

It is also my understanding that Expressive Media, Inc. is a nonprofit corporation formed in 1985 by Drs. Rubin and Irwin, and that any monies from the sale of this tape will be used for the production of further training tapes in the expressive art therapies.

SIGNATURE _____

PRINT NAME _____

DATE _____