**Waiver for Release of Personal Story**

This release is covered by the laws of Washington State.

I hereby give permission to use my personal story for any lawful purpose to the Anything is Possible Theatre Company. This permission refers to any material about my personal story and edited for the stage by the playwright and other members of the creative team for the purpose of putting forward vital issues about the blind and low vision community.

I understand that my real name will not be used in the script without my permission.

I understand that my participation is voluntary, and that no remuneration will be paid to me for any usage of my personal story.

I agree that production, publishing, or broadcasting of the play confers no rights to me of ownership or royalties.

Playwright may use and authorize others to use all or some scenes of the play as edited by Playwright and other members of the creative team.

I hereby release the Playwright and her direct or indirect licensees and assignees, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the use of my story.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print name or Parent or Guardian’s name if under the age of 18)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_