

Dear Parents of Twins.

Thank you for sending us the photographs of your twins. We are always delighted to receive pictures from our participating families.

Pictures of our participants can be displayed on our web site or in our newsletters, questionnaires, brochures, or other MATR publications. On our web site (www.matr.vcu.edu), we feature our "Twin Photo Album," depicting various twin participants, with photos added and deleted over time.

If you would like the photo(s) that you submitted to be available for use on our website and our publications, please sign below to indicate your agreement to the following:

- You agree that the Mid-Atlantic Twin Registry (MATR) at Virginia Commonwealth University has the unrestricted right to use, alter, distribute, publish, display, and incorporate into other works, the photographs submitted by you.
- You understand that MATR is under no obligation to use the photograph(s) and has made no representations to you in this regard.
- You hereby waive the right to inspect or approve any use or publications incorporating the photograph(s).
- You hereby waive the right to any compensation for use of the photograph.
- You hereby release MATR from any and all claims, demands and damages that you may have arising out of MATR's use of the photograph(s), including but not limited to any claims under copyright law, the right to publicity, the right to privacy, the law of defamation, and any other common law or statutory claims under the laws of any jurisdiction.
- You understand that if the photo you submit is published by the MATR, it may disclose the fact that the persons in the photo are twins (or multiples) or that you are a parent or legal guardian of twins and disclose membership in the MATR.
- You have obtained any required permissions of the subjects or the author of the photograph to agree to these terms.

Thank you for your continued support of our research. We wish the best to you and your family.

Sincerely,

Carol Williams  
MATR Participant Coordinator  
The Mid-Atlantic Twin Registry

**I hereby certify that I have read this Release before signing, and warrant that I fully understand and agree to its contents.** If the twins named above are minors or legal wards, I affirm that I am the parent or legal guardian of named twins and have the legal right to consent to this Release on their behalf.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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

Phone Number: \_\_\_\_\_