

Dear Parent of Twins,

Thank you for sending us the story of your twins. We are always delighted to read the unique stories of our participating families.

Stories of our participants can be featured on our web site or in our newsletters, questionnaires, brochures, or other MATR publications.

If you would like the story 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, distribute, publish, display the story or a portion of the story submitted by you.
- You understand that MATR is under no obligation to use the story 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 story.
- You hereby waive the right to any compensation for use of the story.
- You hereby release MATR from any and all claims, demands and damages that you may have arising out of MATR's use of the story or any portion thereof, 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 story you submit is published by the MATR, it may disclose the fact that the persons in the story 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 story 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: \_\_\_\_\_