

Sleep Solutions of Fredericksburg

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Release for Photograph and Video Recording

I, the undersigned, consent to and authorize photography, video recording and/or audio recording to be done during the testing procedure by the employees of Sleep Solutions of Fredericksburg.

Anonymity of the subject(s) will be ensured.

The content of this release was read and understood by the undersigned subject.

Signature of the Subject

Date and Time

Signature of Witness

Date and Time

Signature of Guardian (for minors)

Date and Time

Guardian's Relationship to Subject: _____

Guardian's Signature is necessary when a subject is a minor or otherwise unable to sign on their own behalf.