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## STORY RELEASE FORM

For the Castellino Workshop (date) \_\_\_\_\_ in (place) \_\_\_\_\_

**I give Dr. Castellino permission to use all or portions of my story in articles, books or other media. He may also speak about all or portions of my story in professional trainings, other process workshops, talks, lectures and discussions for the purpose of supporting the growth of the work.**

*Initial in the blank below to give permission to use or not to use your name.*

\_\_\_\_\_ **I give Dr. Castellino permission** to use my name in the settings described above.

\_\_\_\_\_ **I do not give Dr. Castellino permission** to use my name. He may refer to me using a fictitious name.

**Print Your Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VIDEO RELEASE FORM

For the Castellino Workshop (date) \_\_\_\_\_ in (place) \_\_\_\_\_

**I give Dr. Castellino permission to use all or portions of video recordings of my personal session and all other sessions in which I participated for educational videos and other media to be used in trainings, presentations or as part of videos made available for sale to the general public.**

*Initial in the blank below to give permission to use or not to use your name.*

\_\_\_\_\_ **I give Dr. Castellino permission** to use my name in the settings described above.

\_\_\_\_\_ **I do not give Dr. Castellino permission** to use my name. He may refer to me using a fictitious name.

**Print Your Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_