



Full Legal Name	
Address	
City, State, Zip Code	
Last 4 SSN	
Date of Birth	

I authorize and give consent for BrickTwentyTwo Productions, Inc. to obtain information regarding my STD/HIV test results. This test checks for seven (7) common sexually transmitted infections in men and women at a major diagnostic laboratory:

- HIV
- HSV types 1 and 2
- HCV
- Syphilis
- Chlamydia
- Gonorrhea
- Trichomoniasis

I, the undersigned, understand that I'm responsible for obtaining a complete copy of my testing results done no less than three (3) weeks before filming and submit all documents within one (1) week before filming. Any person, firm or organization providing information or records in accordance with this authorization is released from all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I understand that if I transmit any of the above-mentioned infections, I'm liable to have charges filed against me by another cast member I've selected to be involved with due to knowingly or recklessly transmitting an STD.

Print Name	
Signature	
Date	