

## Photograph & Story Release Form (for Minor Siblings)

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ and \_\_\_\_\_ (collectively, the “Minors”), hereby grant Soleno Therapeutics, Inc. and its successors, assigns, and designees (collectively, the “Company”) my permission to publish and use the Minors’ names, images, and likenesses, as well as any photograph(s) featuring them, written quotes, stories, or submissions provided by me (collectively, the “Materials”), as referenced in Exhibit A.

This permission includes the right to use the Minors’ names, images, likenesses, and the Materials in the Company’s print, online, and video-based marketing materials and Company presentations and publications, including but not limited to:

- Company websites, including Support4PWS.com
- Social media platforms (e.g., Facebook, Instagram, LinkedIn, Twitter/X)
- Marketing campaigns (print and digital materials, including brochures, flyers, and posters)
- Public awareness initiatives (billboards, digital screens, and other public display spaces)

The Materials will only be used in unbranded or disease state awareness communications and will not be used in any branded advertisements promoting a specific product.

The Company may edit, copy, exhibit, publish, distribute, or combine the Materials with other images and content. I understand that the Materials may be electronically displayed on the Company’s website and accessible through the Internet in an unrestricted geographical area.

### General terms:

I acknowledge and agree that the Materials may be used as described above without requiring further approval from me and waive the right to review or approve any finished product or materials that include the Materials. I represent and warrant to the Company that I am at least eighteen (18) years of age and that I have full right, power, and authority to enter into this release and grant the rights hereunder.

I understand that neither I nor the Minors will receive financial compensation associated with the publication or use of the Materials, and that the Company has no obligation to use them.

I hereby irrevocably agree not to assert or maintain against the Company any claim, action, suit, or demand of any kind or nature, including, but not limited to, those grounded upon infringement, invasion of privacy, right to publicity, defamation, libel, or slander in connection with the Materials or the exercise of the rights granted herein. I hereby release and hold harmless the Company, its contractors, its employees, its successor companies, and any third parties involved in the creation or publication of the Company’s materials from liability for any claims by me or any third party on my behalf related to the use of the Materials.

By signing this form, I acknowledge that I have completely read and fully understand the above terms and agree to be bound by them. This release will expire 5 years after the date of authorization.

### Authorization

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_