



Sickle Cell Disease Association of America, Michigan Chapter, Inc.

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PHOTO/VIDEO RELEASE AGREEMENT

NOTE: Individuals under 18 must have a parent or guardian sign for consent.

I, (name) _____, hereby grant and authorize the Sickle Cell Disease Association of America - Michigan Chapter, Inc. (SCDAA-MI) and anyone acting under the authority or permission of one of its divisions/partners the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all photos/video taken of me and/or my child, (child's name or N/A _____), to be used in and/or for any lawful purpose in furthering the mission and goals of SCDAA-MI or one of its divisions/partners.

- I waive the right to inspect or approve any finished product in which my likeness appears.
- This authorization extends to all languages, media, formats and markets now known or later discovered.
- I have agreed to this release without being compensated and waive any right to royalties, payment, claims, or other compensation arising or related to the use of the photos/video.
- I understand and agree that these materials shall become the property of SCDAA-MI and will not be returned.
- This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

I hereby hold harmless and release SCDAA-MI from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Name (printed): _____

Child's Name (or N/A): _____

Signature: _____ Date: _____