Release Form
(Last Revised: April 4, 2017)

I, _____________________________ (print name), give the National Association of Chronic Disease Directors (“NACDD”) permission to:

(1) Take photographs, video tape, transcribe, record or otherwise document my image, responses, presentation, or participation in an NACDD-sponsored activity.
(2) Display, edit, duplicate, sell, and distribute my likeness, responses, voice, or transcript of my participation in an NACDD-sponsored activity in perpetuity and throughout the world in any medium, now known or later developed.
(3) To use my name, title, image, and likeness, quotes, or photograph in connection with NACDD.

I understand and agree that NACDD may use my likeness, responses, quotes, name, and title without warrantee, obligation, or payment of royalties.

I understand NACDD makes no warranties or promises and is not responsible for any unauthorized use of my likeness, responses, quotes, name, or title.

I understand that NACDD will own the copyright to the materials wherein my likeness, quotes, and/or name/title appear in connection with NACDD-sponsored activities.

If the above terms and conditions of this Release are acceptable to you, please complete sign and date this form.

______________________________ (signature) ______________ (date)

If the subject is younger than age 18 at the time of documentation, a legal parent/guardian must also sign on behalf of the subject.

______________________________ (signature legal guardian) _________(date)

****
NACDD staff or representative collecting this form should complete the below information and send to NACDD Communications at publications@chronicdisease.org within three business days of completion.
Form collected by:__________________________________________
Date:________________________________
Location:_____________________________________
Event:______________________________________
Associated materials (i.e., photos, video, audio recording):_________________________________