



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): _____