Authorization and Release

In order to support the AHA in its mission of fighting heart disease and stroke I agree to the terms of this Authorization and Release with the American Heart Association, its affiliates, directors, officers, employees, agents, volunteers and representatives ("AHA").

I agree to serve as a volunteer spokesperson on behalf of the AHA to further its mission of fighting heart disease and stroke. I will share my Health Story, (the term “Health Story” includes, among other things, my medical information), with the AHA, the public, and parties working with the AHA in support of its mission. I understand and agree that the AHA may share my Health Story, and my name, address, phone number and other contact information with various media outlets including newspapers, public relations agencies, television, radio, magazines, and with any other third parties working with the AHA to provide educational information on heart disease and stroke to the general public, for consideration for use in the AHA’s public relations and educational promotions and materials. The AHA may introduce me to media representatives, but the AHA has no obligation to do so. I will give interviews on my Health Story for use and publication in newspapers, magazines, television, radio or other media or with other third parties working with the AHA and will do so upon request of the AHA.

My Health Story previously has been or will be published in the following media outlets:

Although I might provide additional information as time goes on, these are the basic facts about my Health Story:  (Insert description of heart attack, stroke, or related health history that spokesperson is sharing.)

I assign to the AHA the right to use medical information about me. I also acknowledge that I have enough facts about the disclosure of the medical information to understand and consent to the disclosure.

I understand that the AHA might, in its sole discretion, undertake a production, or a derivation, whether recorded on or transferred to print, videotape, film, slides, photographs, audio tapes, Web site, internet, electronic media or other media, now known or later developed, of my
Health Story ("Production") and that my name, likeness, image, voice, appearance, performance and/or written words submitted to the AHA might be made a part of the Production.

I grant the AHA and its designees the right to use my name, likeness, image, voice, appearance, performance and/or written words submitted to the AHA as embodied in the Production or any derivation, whether recorded on or transferred to print, videotape, film, slides, photographs, audio tapes, web site, internet, electronic media or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Production in whole or part as the AHA may elect. The AHA and its designees shall have complete ownership of the Production in which I appear, including copyright interest, and I acknowledge that I have no interest or ownership in the Production or its copyright.

I also grant the AHA and its designees the right to broadcast, exhibit, publish, and otherwise distribute the Production either in whole or in part, and either alone or with other products, for commercial or non-commercial use or any other purpose the AHA or its designees in their sole discretion may determine.

I confirm that I have the right to enter into this Agreement, that I am not restricted by any other commitment and that the AHA has no financial commitment or obligation to me as a result of this Agreement, and I understand that I will not be paid, compensated or reimbursed in any way for current or future use of the Production or my Health Story, except possibly for travel expenses as the AHA and I might later agree in writing. I hereby give all clearance, copyright and otherwise, for use of my name, likeness, image, voice, appearance and performance embodied in the Production. I expressly release and indemnify the AHA from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted the AHA herein are perpetual and worldwide.

I am over the age of 18 years

I have read, and do understand and agree to the foregoing.

Name:__________________Signature:_________________Date:______

In case of a minor, the Guardian must fill out below
I hereby warrant that I am the legal guardian of the minor named above and have every right to contract for her/him in the above regard. I state further that I have read the above agreement and that I consent and hereby agree on behalf of myself and the above named minor to its terms.

_____________________________
Guardian Signature

_____________________________
Guardian Printed Name

_____________________________
Date

Signer's full legal name:______________________________________________________

Address: _________________________________________________________________

E-Mail: _________________________________________________________________

Daytime phone: ___________________________________________________________

Evening phone: ___________________________________________________________

Affiliate: _______________________________________________________________