



### **Photo Authorization and Release**

I grant to the American Heart Association, Inc. (AHA) and the American Stroke Association, Inc. (ASA) the unrestricted right to take photographs and/or video of me, including recordings of my voice, and I convey to the AHA/ASA all my rights in and to the photographs and/or video, including my permission to use, re-use, publish and republish the photographs and/or video of me or in which I may be included in whole or in part, and to use the photographs and/or video in any manner, including but not limited to web sites, on AHA/ASA's YouTube, Facebook, and other social media sites, in written materials, in any media now or hereafter known, for any purpose. I further waive any right to compensation arising or related to the use of the photographs or my likeness.

I consent to the AHA/ASA's editing, altering, copying, and exhibiting the photographs and/or video, and I waive any right to inspect or approve the photographs and/or video or any product or material in which my likeness may be used or reproduced.

I understand that the photographs and/or video will become the property of the AHA/ASA and the AHA/ASA will own and hold the copyright to the photographs and/or video.

I hereby release and discharge the AHA/ASA, its employees, officers and members from all claims, demands, causes of action which I, my heirs, representatives, executors, administrators or any person acting on my behalf or the on behalf of my estate, have or may have by reason of this Authorization, including but not limited to, claims for invasion of privacy.

I affirm that I am over the age of eighteen and competent to contract in my own name and that I have read this Authorization and fully understand its content and meaning.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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In the case of a minor, the Guardian must fill out below  
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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 conveyances, permissions, representations, releases and agreement and that I consent and hereby agree on behalf of myself and the above minor to its terms.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Date