



HEMOPHILIA
ASSOCIATION
OF NEW JERSEY

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I _____, hereby grant and authorize the Hemophilia Association of New Jersey the right to take, edit, alter, copy, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submission to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of the Hemophilia Association of New Jersey and will not be returned.

I hereby hold harmless, and release the Hemophilia Association of New Jersey from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of _____ named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

(Signature)

(Date)

(Print Name)