



CHARLESTON CONFERENCES

ALZHEIMER'S DISEASE

Charleston Conference on Alzheimer's Disease (CCAD) Individual Consent to Photography/Videotape/Film/Interview

I _____ consent to be photographed, videotaped and interviewed by CCAD organizers for the use of CCAD publication in multi-media -including but not limited to website, newspapers, magazines, and educational material.

I understand that, when external sources such as local media are involved, the Charleston Conference on Alzheimer's Disease (CCAD) acts only as the intermediary. Release of information to these source(s) will allow them to contact me.

I further relieve and hereby agree to hold harmless the CCAD or any of their subsidiaries or affiliates from any or all claims or liability arising out of the use and/or release of information; interview; photograph; video; film and subsequent publication or broadcast. I understand that the interview(s) or photo session(s) are being carried out upon my consent and authorization and I assume full responsibility for that content.

I understand that:

1. I may refuse to sign this authorization and that it is strictly voluntary.
2. I may revoke this authorization any time in writing. If I do, it will not have any effect on actions taken prior to receiving the revocation. Written revocation must be forwarded to admin@donorscure.org
3. I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
4. I will not receive any money or other remuneration now or in the future as a result of my signing this authorization and I waive any interest in the same.
5. Information may be released without my consent if required by state or federal law or regulation.
6. If I have questions about this form or use of the information, I may contact admin@donorscure.org

I have read the above and authorize the disclosure as stated:

Signature of Individual:

Date:

Print Name of Individual: