



PHOTO/VIDEO RELEASE AUTHORIZATION

I, _____, the undersigned, give permission to Action on Alzheimer's and Dementia ("AAD"), and/or parties designated by AAD to photograph/video me and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

I further consent to the use of my name in connection with the photograph(s)/video(s) if needed by AAD and/or parties designated by AAD.

I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release AAD and/or any parties designated by AAD from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING.

Participant's Signature

Signature of Witness

Print Name

Print Name

Date

Date