

American Academy of Dermatology Photo Waiver Form

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The undersigned hereby authorizes the American Academy of Dermatology (“the Academy”) to take pictures, photographs, videos, or any other form of recording of my likeness (collectively “the Photographs”) of my involvement in the Academy’s skin cancer screening program. The undersigned further authorizes the use of any such Photographs for purposes of advertising, marketing, publicizing, or otherwise promoting the Academy’s skin cancer screening program or other related skin cancer prevention efforts. I understand and agree that the Academy may use my likeness for such purposes in publications, Web pages and other promotional materials produced, used by and representing the Academy in connection with the Academy’s skin cancer prevention efforts. I understand the circulation of the materials could be worldwide and that I will not be entitled to royalties or any other compensation for this use of my likeness.

I hereby waive any claim, cause of actions, damages, or loss (including attorney’s fees) that I may have against the Academy or its officers, employees, agents, and affiliates arising out of its use of my likeness to promote its skin cancer prevention efforts.

I also waive any right to inspect the Photographs or any advertising or promotional copy that may be used in connection therewith. I hereby assign to the Academy any and all rights, title and interest in and to the Photographs, including but not limited to the copyright and in any renewals and extensions thereof that may be secured under the law now or in the future in the United States or any other country or countries.

The rights granted herein may be exercised by the Academy at any time hereafter for perpetuity, without limitation. I have read, fully understand, and intend to be legally bound by the terms of this Waiver Form. I have signed this Waiver Form voluntarily and without duress.

Signature

Date

Parent Signature (if under 18)

Date

Print Name

Photo Date

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