HOPA
Hematology/Oncology
Pharmacy Association

PHOTO AND VIDEO RELEASE (Adult)

Date: _____

I acknowledge that the Hematology/Oncology Pharmacy Association (HOPA) is requesting permission, and through this release and in consideration of having the opportunity to have my photographic image and/or video submission utilized by HOPA, I am granting HOPA such permission to use my photograph and/or video in projects related to promoting the association and the profession of hematology/oncology pharmacy. These projects may include, but are not limited to, patient/family education booklets, educational CD-ROMs, textbooks, educational materials about the profession, and the HOPA website.

I hereby give to HOPA the right and permission to use my photographic image(s) and video(s). I agree that all photographic images and videos of me used and taken by HOPA are owned by HOPA and that HOPA may copyright material containing same. If I should receive any print, negative, or other copy thereof, I agree not to authorize its public use by anyone else. I waive any right to inspect or approve the finished copy, images, or printed matter that may be created in conjunction with this material. I also agree that HOPA shall be without liability to me for any distortion or illusionary effect resulting from the publication of my photographic image and/or video and that nothing in this release agreement requires HOPA to make any use of the rights it is acquiring.

I represent that this agreement does not in any way conflict with any other existing commitment on my part and that I have not authorized, nor will I authorize, any other person or entity to use my photographic image in connection with the advertising or promotion of any product, service, or other organization in any manner involved in or related to the hematology/oncology pharmacy profession.

I have read the foregoing release agreement before affixing my signature below and certify that I fully understand the contents of this release.

Adult Subject's Name (printed) Date

Signature of Adult Subject

Signature of Witness Date

Return to
HOPA
8735 W. Higgins Rd.
Chicago, IL 60631
877.467.2791
Fax: 847.375.6497
mvideka@hoparx.org