



VIDEO RELEASE (Adult)

Date: _____

I acknowledge that the Association of Pediatric Hematology/Oncology Nurses (APHON) is requesting permission, and through this release and in consideration of having the opportunity to have my video utilized by APHON I am granting APHON such permission, to use my video in projects related to promoting the association and the profession of pediatric hematology/oncology nursing. These projects may include, but are not limited to, patient/family education resources, educational resources, educational materials about the profession, and the APHON website.

I hereby give to APHON the right and permission to use my video(s). I agree that all videos of me used and taken by APHON are owned by APHON and that APHON 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 APHON shall be without liability to me for any distortion or illusionary effect resulting from the publication of my video and that nothing in this Release requires APHON 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 video in connection with the advertising or promotion of any product, service or other organization in any manner involved in or related to the pediatric hematology/oncology nursing profession.

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

Video Title _____

Date Printed Name of Person in Video Adult Subject's Signature

Date Witness Signature

Return to:
APHON
8735 W. Higgins Rd, Ste 300
Chicago, IL 60631 FX: 84.375.6436 info@aphon.org