



## Photo release form

I hereby grant the Lung Health Foundation, and its respective affiliates, designees and assigns,, my irrevocable permission to use and reproduce without compensation my interview (or any portion thereof) if applicable, or any other appearance of any kind whatsoever (“Appearance”) and/or my name and likeness, as photographed, taped or otherwise recorded at the [insert event and date], in any future publicity, promotion or marketing in any manner and in all media whether now known or unknown, in perpetuity.

I agree that the Lung Health Foundation shall exclusively own all images, footage or other recording of my Appearance and that they are entitled to edit the forgoing in their sole discretion as they may deem appropriate.

I release the Lung Health Foundation and those who get their rights from or through the Lung Health Foundation from any claims or actions I may make arising out of the use of my Appearance and/or my name and likeness in the promotion, production, broadcast and exploitation of such promotion.

I declare that:

- a) I have reached the age of majority in my province or territory of residence; or, if I have not reached the age of majority in y province or territory of residence, my parent, guardian or other authorized legal representative has signed this Agreement to indicate his/her consent on my behalf to the terms of this Agreement.
- b) The terms of this Agreement and all rights and obligations hereunder are personal ot me and may not be assigned or assumed by any third party.
- c) This Agreement and all rights hereunder may be freely assigned, in whole or in part, by the Lung Health Foundation to any party, and in the event of any such assignment, this Agreement shall remain binding upon me.

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Signature

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Date

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Witness Signature

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Date

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Guardian Signature (if applicable)

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Date

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