



Photograph and Video Release

I, (please print your name) _____ give the Spondylitis Association of America the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion.

I release the Spondylitis Association of America, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name: _____

Parent/Guardian Name: _____

Signature: _____

* (Signature of Parent/Guardian if under 18)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date: _____

Purpose: Pictures for Spondylitis Web Info for Teens (SWIFT – Website)

Please return the signed Photo Release: by fax to (818) 981-9826, by mail to Spondylitis Association of America, ATTN: Melissa, 14827 Ventura Blvd, #222, Sherman Oaks, CA 91403, or you can scan the signed Release and email to Melissa.velez@spondylitis.org.