



EPILEPSY
ASSOCIATION™
OF WESTERN AND CENTRAL PA

Photograph/Video Release Form

PLEASE PRINT

As host of a third-party event hosted on behalf of the Epilepsy Association of Western and Central PA (EAWCP), I, _____, do hereby consent to the use of any photographs or video I have provided to the EAWCP, for its educational, promotional or fundraising materials.

I understand that the reproduction of the aforementioned, either in whole or in part, or alone or in conjunction with other photographs, sketches, art work, videotapes, audio recording and text matter, may be used by the Epilepsy Association of Western and Central PA, its employees, agents, licensees and assignees now and at any time in the future for educational, informational, fundraising, and publicity purposes concerning children with epilepsy, and for radio and television broadcasting and distribution, advertising, trade promotion, or art purposes in publications and other advertising and promotional media, anywhere in the world, and I hereby consent to such use on behalf of myself or my event attendees.

I hereby release the Epilepsy Association of Western and Central PA and its employees, agents, licensees and assignees from any and all claims arising out of such photographing, videotaping, recording, reproducing, broadcasting, publishing, or exhibiting or other use as is authorized by the Epilepsy Association of Western and Central PA.

Signature of Event Host

Date

Street Address

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