

Lupus Initiative Story Bank Video Use Consent Form

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By signing this agreement, I acknowledge that:

- I give permission to the ACR Lupus Initiative to use the Material on their website and in its educational materials at its sole discretion;
- I waive any rights to inspect or approve versions of the Material used for the purposes set forth in this agreement;
- The Material does not infringe any third party copyright or violate the rights of any person or entity;
- I am the person pictured in the video or the legal guardian of that person;
- I release, discharge and agree not to sue ACR Lupus Initiative for all claims, losses, or liabilities related to the use of the Material, and I further agree to indemnify and hold harmless ACR Lupus Initiative from any damages or costs which may incur with such claims, losses or liabilities;
- No compensation, monetary or otherwise, will be paid to me related to the use of the Material;
- I consent to ACR Lupus Initiative using my name and title, if appropriate, with the Material.

I have read and understood this agreement and I am 18 years old as of the date I signed this agreement.

Title of Material/video submitted: _____

Name: _____

Signature: _____

E-mail: _____

Tel # _____

Address: _____

Date Signed: _____

Return by fax:
404.633.1870

or

Return by email:
LupusStoryBank@rheumatology.org