**ADAA Liability and Publicity Release**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the individual signing this document (“Participant”), enter into this Liability and Publicity Release (“Release”) with the Anxiety and Depression Association of America (ADAA).

By signing this Release:

1. I agree to be interviewed, photographed, and/or filmed by ADAA or by any representative of ADAAfor media or public relations purposes (including but not limited to promotional videos, articles, brochures, letters and social media outreach)*.*
2. I grant to ADAA the right and permission to use my name, age, image (i.e., photograph or video), voice statements, testimonials, and quotations (“Content”) in any format whatsoever (including, but not limited to, social media). I hereby give all clearances for the use of the Content and waive all copyrights, publicity rights, and other proprietary rights that may exist in the Content. I further grant ADAA the right to provide the Content to any outside third parties. I further grant ADAA the right to provide the Content to any outside third parties as part of ADAA’s promotional efforts and to be used exclusively for that purpose. The license granted under this Release is worldwide and lasts from now and forever into the future, and includes the right to edit, mix, modify, duplicate, use or re-use, and distribute the Content. ADAA shall have complete ownership of the Content.
3. I understand and agree that I will have no right of approval, no right to compensation (monetary or otherwise), and no right to sue ADAA for any claim, known or unknown, arising out of or in any way connected with the use and license of the Content and hereby forever release and indemnify (i.e., agree to take legal responsibility for) ADAA from any and all such claims.

I am representing that I am not bound by any other contract that forbids (or prevents) me from signing this Release.

I have read the statements above and understand its terms and agree to all of them. I also certify that I am 18 years of age or older. If I am not 18 years of age or older, this Release is also signed by my parent, responsible relative or legal guardian. **Further, if I do not understand this Release and am 18 years of age or older and not under the care of a legal guardian signing below on my behalf, I will not sign this Release until after seeking the advice of a legal professional.**

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**CONSENT OF RESPONSIBLE RELATIVE OR LEGAL GUARDIAN**

(if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Relative or Legal Guardian Date

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date