



WDS PHOTO AND VIDEO CONSENT WAIVER

Consent is hereby given to the Women's Dermatologic Society ("WDS") and the WDS Member listed below to take and use my/my child's photograph, including video footage (collectively the "Photographs"), for inclusion in WDS communication channels for educational and informational purposes. I understand that WDS will only use the Photographs; the use of my/my child's personal information will only be used in special circumstances, detailed at the bottom of this form, with accompanying written permission.

I also understand the Photographs may be used in any format or media, including printed and electronic publications and Internet web pages. I further understand the circulation of the Photographs could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect the Photographs and any copy that may be used in connection therewith.

I hereby assign to WDS any and all rights, title and interest in and to the Photographs, including copyright. I also waive any claim against and release and hold harmless the WDS, as well as its directors, officers, agents, employees and members, from any and all claims on account of such use of the Photographs, including invasion of privacy.

I understand that no changes will be made by others following my completion of this form. I certify that this form has been completed freely, voluntarily, and without coercion by the WDS or its members.

The rights granted herein may be exercised by WDS at any time hereafter in perpetuity, and WDS also may freely assign its rights hereunder to other persons or entities.

Attendee/Patient Name: _____

Signature of Attendee/Patient: _____

Name of WDS Member (if applicable): _____

OR I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing consent and waiver.

Signature of Parent/Legal Guardian: _____

Printed Name: _____

***SPECIAL CIRCUMSTANCES**

COMPLETE THIS PORTION OF THE FORM ONLY AT THE REQUEST OF WDS

There may be an instance when using the attendee/patient's first name and hometown may be valuable, particularly for interviews. In which case, additional written permission will be required below:

Attendee/Patient Name: _____

Signature of Attendee/Patient OR Parent/Legal Guardian: _____