



APIC photo release form

I, _____ (please print), whose address is

_____,

hereby grant to the Association for Professionals in Infection Control and Epidemiology (APIC), as well as to their respective representatives, chapters, agents, members, and employees, the right to take photographs of me and my property the right to use such photographs, royalty free, with or without my name, for any lawful purpose, including but not limited to, for the purposes of publication, illustration, promotion, advertising and internet content, in any form or medium, in print or electronically. I further acknowledge and agree that APIC shall own the copyright in the aforementioned photographs.

I have read, understand and agree to the above release.

Signature: _____

Date: _____

Signature of parent or guardian if under the age of 18: _____

Name of parent or guardian if under the age of 18: _____