

I understand that American Burn Association (ABA) is a nonprofit organization that engages in education of burn care clinicians. I understand that by signing below, I am authorizing ABA to use photographs and video which may contain identifying images of \_\_\_\_\_ (person) as part of the educational content offered by the American Burn Association.

I can revoke this authorization at any time by notifying ABA in writing. However, revoking this authorization will not affect the release of information which occurred prior to the revocation, and ABA shall have no obligation to recall or remove any photographs or video that have already been published. I have been given an opportunity to ask questions about this authorization and either I had no questions or they have been answered to my satisfaction.

I release any and all rights or claims for payment or royalties in connection with any educational content provided by ABA. I agree to hold harmless ABA and all of its personnel and volunteers from any and all liability related to the making or use of the photographs, video or audio recordings.

I hereby knowingly and voluntarily authorize ABA to use such information for the purposes described above.

Patient's Name (print) \_\_\_\_\_

Patient's signature (print) \_\_\_\_\_

If patient is under 18:

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's signature (print) \_\_\_\_\_

Date \_\_\_\_\_

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Name of Primary Author \_\_\_\_\_

Primary Author's Signature \_\_\_\_\_

Date \_\_\_\_\_