



International Psychogeriatric Association

Photo Release Consent Form

The undersigned hereby grant(s) to the International Psychogeriatric Association ("IPA") the right to use the attached photograph in any and all IPA publications, websites, promotional materials, programs and other similar materials, or any reproductions or retransmissions thereof, at such time or times as IPA shall determine in its sole discretion.

PROJECT: Photograph for IPA

List names of all subjects in submitted photo (use separate sheet if necessary)

Subject #1 (full name): (please print) _____

Subject #2 (full name): (please print) _____

Signatures of all subjects in photo (use separate sheet if necessary)

I hereby represent and covenant that: (i) I own the rights to the photograph that I am submitting to IPA for its use, or have secured the proper permissions from others, or have obtained the material under "fair use"; (ii) that I have the right, power, and authority to grant the use of such photograph to IPA; and (iii) I shall indemnify and hold harmless IPA and its agents and employees from and against any claims, damages, losses and expenses, including, but not limited to, attorneys' fees, incurred by IPA that are attributable to any claim made by, or cause of action filed by, a third party for the unauthorized use of the photograph. I understand that the material will only be used for educational/scientific purposes or for promotion of such.

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Photographer's Name (please print) _____

Submitter's full contact information

Name: _____

Address: _____

Address: _____

City, State/Province, Country: _____

Telephone (including country code): _____

Fax: _____

Email: _____

Submitter's Professional Discipline: _____

Caption describing the subject(s) and setting of the photograph

Please submit photograph and this form by Fax or Mail to
International Psychogeriatric Association
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Tel: +1.847.501.3310 — Fax: +1.847.501.3317