



## **LIKENESS RELEASE FORM**

The mission of The Stiff Person Syndrome Research Foundation is to raise awareness and funds for research to find better treatments and a cure for Stiff Person Syndrome (SPS).

My name is (patient name) \_\_\_\_\_ and I am sharing and documenting my story about SPS with The Stiff Person Syndrome Research Foundation. I acknowledge the following rules apply to this process and the finished product(s):

- I understand and agree that The Stiff Person Syndrome Research Foundation and those who it approves (together, the Foundation) may share my story about SPS in full or in part with others through photos, writings, audio recordings, videos, or additional media, including as adapted or edited.
- I give my consent to the Foundation to use my name, likeness, image, voice, and performance (for instance, what I say in interviews) gathered by the Foundation or provided to the Foundation by me, friends, family, or my parents/guardians in the process of sharing and documenting my story about SPS.
- I understand and agree that the content mentioned above, including my likeness, may be covered by intellectual property rights (IP content), and I also understand and agree that I am granting the Foundation a non-exclusive, transferable, compensation-free license to use, adapt, modify, prepare derivative works from, reproduce, distribute, publicly perform and display the IP

content worldwide (IP license). I understand and agree the IP license is continuing, does not terminate, and extends to educational, informational, promotional, and commercial materials.

- While the Foundation readily invites my input, I understand and agree that I do not have the right to preview or approve the finished product(s) containing the IP content.
- I understand and agree that the Foundation owns its original works and derivative works from the IP content created by the Foundation (together, the Foundation's IP), and that I must obtain the Foundation's prior written approval before using, reproducing, or displaying the Foundation's IP.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In compliance with all applicable federal and state law, this release by a minor must accompany parental consent or that of a legal guardian. Parent/Legal Guardian Consent: I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms of this Likeness Release Form.

Parent/Guardian's name (printed): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_