



International Children's Advisory Network, Inc.
 317 Fawn Lane
 Marietta, GA 30060
www.icanresearch.org

Photo and/or Video Release

I authorize the use of my and/or my Child's name, likeness, image, biographical information, voice, appearance, and performance (the "Protected Information") whether recorded on or transferred to videotape, film, slides, photographs, audiotapes, or other media now known or later developed in connection with any public relations, marketing, advertising, or other promotion of the International Children's Advisory Network, Inc. (iCAN). I understand this means that the Protected Information may be used in newspapers, magazines, and/or iCAN publications; and/or iCAN, sponsor, and partner internet website exhibits; in radio promotions, through use of the Pediatric Innovation Network (PIN), on television and on social networking sites such as Facebook, Twitter, Instagram, LinkedIn, and in any other media, now known or later developed. I understand that iCAN is under no obligation to exercise any of its rights and privileges herein granted.

I release the International Children's Advisory Network, Inc. (iCAN), its officers, employees, directors, staff and agents from any liability and claims arising out of or in any way connected with the above granted uses and representations. I agree not to bring any claims against iCAN arising out of such use. This authorization will have no expiration. I understand that I may revoke this authorization at any time by providing written notice to iCAN. I understand that the Protected Information released between the effective date of this authorization and the date of the revocation may still be used in public domain.

By signing my full name below, I authorize the International Children's Advisory Network, Inc. (iCAN) to use or disclose any Protected Information specified in this authorization.

Print Name: _____

Sign: _____ Date: _____

(if photo/video is of minor child under age 18, then parent or legal guardian signature is required).

Sign: _____ Date: _____

Parent/ guardian signature