

Release of Information

I understand and agree to allow the National Blood Clot Alliance (NBCA) to use the information, photo and or video that I am voluntarily submitting.

I give NBCA, its licensees, and assignees a worldwide, non-exclusive, irrevocable, royalty-free, sublicensable and transferable license to use my submission. I understand my information may be used for marketing, publicizing, or otherwise promoting NBCA's mission and my information may be disseminated in any medium, included but not limited to written materials, webinars, websites, and social media, without geographic or time restriction.

I realize that once my story or video is posted on the website or shared through social media, it may enter the public domain.

I authorize the release of any information that I submit to NBCA and authorize the staff of NBCA to discuss this information with staff and others as necessary and has the right to alter, edit, remove, or refuse to publish any submission, in whole or in part, for any reason.

I waive and release NBCA from any and all claims that I may have against NBCA, or its officers, directors, employees, agents, or affiliates arising out of its use or dissemination this information.

I also waive any right to royalties or other compensation for NBCA use and dissemination of this information.

I represent and warrant that I have the authority to provide the information to NBCA and that no one else owns or has superior rights to this information.

I have read, fully understand, and voluntarily agree to be legally bound by this waiver, release, and authorization form.

I represent that photograph(s), video and/or written or other submissions are not misleading, fraudulent, deceptive, offensive, libelous, defamatory, indecent, harmful, harassing, intimidating, threatening, hateful, abusive, vulgar, obscene, pornographic, sexually explicit, an impersonation, or offensive in a criminal, sexual, racial, cultural, or ethnic context.

I understand and agree that I may not use this site to conduct any activity that is illegal or that violates the rights or others. I represent and warrant that all information submitted is truthful and accurate.

I understand that I may revoke authorization at any time, and I can request an expiration date for the authorization.

I understand I must be over 18 years of age or have my parent or legal guardian give his/her permission for me to share my information, photo, video, or any medium with NBCA.

My name below indicates my agreement with the above terms.

Name and Date _____

Name of Parent or Guardian if under 18

I understand and agree that my e-Signature and/or my parent's or guardian's e-Signature executed in conjunction with the electronic release shall be legally binding and such transaction shall be considered authorized by me and/or my parent or guardian