



**Bone Health & Osteoporosis  
FOUNDATION™**

**Healthy Bones, Build Them for Life**

### **Bone Health & Osteoporosis Foundation Release Form**

I declare that I am over 21 years of age and am participating in this project, sponsored by the Bone Health & Osteoporosis Foundation (BHOOF), of my own free will.

I recognize that BHOOF may use certain still portraits, photographs, audio files and/or videos of me in connection with certain campaigns. I understand that such use and distribution by BHOOF may include use and distribution across a broad range of platforms, including but not limited to the following: posters, posting on BHOOF's website, video news releases, graphics and educational materials, other promotional art, editorial news pieces, advertising and other formats now known or developed in the future.

I hereby give to BHOOF, its legal representatives and assigns, those for whom it is acting and those acting with its permission including its employees, the unrestricted right and permission, at BHOOF's discretion, to use, publish, re-publish, copy and distribute in any media and to register copyrights in, any still portraits, photographs, audio files and/or videos in which I am included and to use my name to identify me in connection therewith.

In view of the foregoing, I hereby relinquish all rights of privacy in any photograph, still portrait, audio files and/or videos in which I am included which is taken by BHOOF or any party acting on behalf of me or BHOOF and which is used and displayed in any media for any lawful purpose.

I hereby waive any right that I may have to inspect or approve the finished product(s) and the copy or other matter that may be used in connection with the portraits, photographs, audio files and/or videos and any interviews in connection therewith.

I agree that this release shall be binding on me, my legal representatives, heirs and assigns.

I have read this release and understand its content. Please complete the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_