

AIDS FOUNDATION OF CHICAGO

200 West Jackson Blvd., Suite 2100 • Chicago IL 60606 • Tel 312-922-2322 • Fax 312-922-2916

In consideration of my participation in the AIDS Foundation of Chicago's "Health Care for Our Lives" website storytelling project, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I authorize the AIDS Foundation of Chicago (AFC) to use my name, likeness, voice, and biographical material about me (including any information about my own HIV status that I divulge to AFC's employees, directors, representatives, or agents) in connection with program publicity, for institutional promotional purposes, or in any other way in support of AFC's mission.

I agree that insofar as I am concerned, any materials created in connection with this website and any portion thereof may be edited as desired and used in whole or in part for broadcasting and all other audio-visual purposes, and for all other non-broadcasting purposes in any manner or media in perpetuity throughout the world. I grant AFC the irrevocable right throughout the world to use, copy, publicly perform, publicly display, reformat, translate, excerpt, distribute, create derivative works from, and rearrange any of these materials bearing my written story, voice, name, identification, or likeness, and I waive any right to inspect or approve these materials.

I expressly release AFC, its employees, directors, representatives, agents, assigns and successors from any privacy, defamation, right of publicity or other claims I may have arising out of the use of the materials from this event, including under the Illinois AIDS Confidentiality Act.

I understand that all media and information remains the property of AFC, and waive all rights to original media, royalties, entitlements, payments, or any other compensation or quid pro benefits which might arise from AFC's acquisition, storage, display, publication, posting, or distribution of media or stories of myself. I understand that this document constitutes a full and complete waiver of all possible claims of any nature whatsoever, including claims of negligence, personal injury or property loss, or damage, arising out of my media participation.

I certify that I am at least eighteen years of age and competent to grant all rights herein in my own name, and I agree that all rights granted under this Release shall also inure to the benefit of the officers, agents, employees, legal representatives, licensees, assigns, and successors of AFC. I acknowledge that this Release may be revoked at any time by writing to AFC at the above address, except to the extent that AFC has taken action in reliance on this Release prior to notice of revocation.

By clicking on the "I Agree" button, I indicate that I have read this Release. Please note that your involvement is voluntary and does not affect your participation with AFC or its partner organizations.