



Authorization and Release

I, _____, agree to be a volunteer spokesperson on behalf of YoungStroke, Inc. (YSI) to further its mission of advocating the needs of those who experience stroke between the ages of 18 and 65. I will share my health story with YSI, the public and parties working with YSI in support of its mission. I understand and agree that YSI may share my health story, my name, address, phone number and other contact information with various media outlets including newspapers, television, radio, and magazines and with other third parties working with YSI to provide educational information on stroke to the general public.

I further understand and agree that:

1. YSI may copy and distribute my health story and my likeness; and may create, copy, and distribute derivative works based upon my health story and my likeness in the form of print, videotape, film, slides, photographs, audio tapes, web site, internet, electronic media or other media. YSI shall own the copyright in any such derivative works and may license or convey the copyrights to third parties at its discretion.
2. YSI may disclose my health story to media representatives, including public relations agencies and others, for consideration for use in YSI's public relations and educational promotions and materials;
3. YSI may introduce me to media representatives but YSI has no obligation to do so;
4. I may be photographed and I will give interviews on my health story for use and publication in newspapers, magazines, television, radio or other media or with other third parties working with YSI and will do so upon request of YSI;
5. I will receive no compensation from YSI for the disclosure or publication of my health story;
6. I may withdraw my consent to serve as a spokesperson before I have actually granted an interview to the media.
7. Once YSI has introduced me to the media representatives for the possible use of my health story, YSI will have no further involvement in the writing, development or production of my health story; and
8. The media outlet publishing my health story will own the copyright to the story and materials it publishes about me or that include references to or photographs of me.

My health story previously has been or will be published in the following media outlets:

I voluntarily share my health story as follows:
(See attached questionnaire)

I release, indemnify and hold harmless YSI, its members, volunteers, employees, agents, and representatives from any and all claims or demands, known or unknown, arising out of or in any way connected with YSI's use, disclosure or publication of my health story.

I am over the age of 18 years.

Signature

Printed Name

Date

Mailing Address

City, State, Zip

Home/Mobile phone numbers

E-mail Address

Date of Birth