



# AAM Share Your Story Authorization



**By submitting my story to the Association for Accessible Medicines and signing this Authorization, I hereby authorize the Association for Accessible Medicines and its agents operating with its consent and under its direction (collectively, “AAM”) to:**

1. I grant to AAM the worldwide and perpetual right and permission to use my name, age, likeness, image (i.e., photograph), story, including information about my health condition and medications, testimonials, and quotations (“Content”) in any format whatsoever that is now known or later developed (including, but not limited to, social media) for promotional, recruiting, educational, marketing, advertising, or sales purposes. I hereby give all clearances for the use of the Content and waive all copyrights, publicity rights, and other proprietary rights that may exist in the Content. I further grant AAM the right to provide the Content to any outside third parties. This perpetual, worldwide license includes the right to edit, mix, duplicate, use or re-use, sublicense, and distribute the Content. AAM shall have complete ownership of the Content, including copyright interests.
2. I understand that the use of the Content as described above may result in the disclosure to the general public of my identity, health condition and medications.
3. I confirm that any Content given by me is truthful and based on my own experiences.
4. I understand and agree that I will have no right of approval, no right to compensation (monetary or otherwise), and no right to sue AAM for any claim, known or unknown, arising out of or in any way connected with the use and license of the Content under the terms stated herein and hereby forever release and indemnify (i.e., agree to take legal responsibility for) AAM from any and all such claims.
5. I am representing that I am not bound by any other contract that forbids (or prevents) me from executing this release.

**I have read the statements above and understand its terms and agree to all of them.  
I also certify that I am 18 years of age or older.**

**By clicking this box, you are signing this authorization electronically. You understand that this electronic signature is the legal equivalent of your handwritten signature for purposes of validity, enforceability, and admissibility. By providing your electronic signature, you consent to be legally bound by this authorization.**