

**American Brain Foundation
Grant & Release Agreement**

1. Grant. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I grant to the American Brain Foundation (“ABF”) and to the ABF’s affiliates (including the American Academy of Neurology), and their respective contractors, agents, assigns, licensees, and successors (collectively, the “ABF Group”), a worldwide, royalty-free, perpetual, irrevocable right to take and use my image, likeness, voice, verbal statements, written testimonials and name and all images, videos, sound recordings, and written and verbal materials that I provide to the ABF (collectively, the “Materials ”), in all forms and media, including composite or modified representations, for the purpose of promoting and supporting the missions of the ABF.

2. Acknowledgement of Use. I understand that the ABF Group may use the Materials on any and all media, including printed matter, promotional materials, e-mail, websites and social media platforms. I understand that the ABF’s use of the Materials may intentionally or unintentionally give rise to the impression that either I or a family member suffers from brain/neurologic disease, and I nevertheless consent to this use. The ABF is not obligated to utilize any of the rights granted in this agreement. I waive the right to inspect or approve any uses of the Materials in connection with this grant, except with respect to the exceptions that I have expressly set forth in the following lines of this agreement, if any:

3. Warranty. I warrant that I have the full power to enter into this agreement and to grant the aforementioned rights.

4. Release. I release the ABF Group from all liability for any claims that may arise regarding the use of Materials, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright. The ABF is permitted, although not obligated, to include my name as a credit in connection with any use of the Materials.

I have read and understood this agreement, I understand that it contains a release of liability, and I am over the age of 18. This agreement expresses the complete understanding of the parties and shall be binding on me and my heirs, legal representatives and assigns.

Name: _____ Date: _____

Signature: _____

Address: _____

Parent/Guardian Consent [complete if the signatory is under 18]

I am the parent or guardian of the minor named above. **I have the legal right to consent to and do consent to the terms and conditions of this agreement and I understand that it contains a release of liability.**

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____