

Photography Release Form  
for the  
Board of Pharmacy Specialties  
2215 Constitution Avenue, NW  
Washington, DC 20037

I hereby grant to the Board of Pharmacy Specialties (BPS) the absolute and irrevocable right and unrestricted permission in respect of photographic portraits or pictures that had been taken of me or in which I may be included with others, to copyright the same, in his/her own name or otherwise; to use reuse, publish, and republish that same in whole or in whole or in part, individually or in any and all media and or hereafter known, and for any purpose whatsoever for illustration, promotion, art, editorial, advertising, and trade, or any other purpose whatsoever without restriction as to alteration; and to use my name in connection therewith if he/she so chooses.

I hereby release and discharge BPS from any and all claims and demands arising out of or in connection with the use if the photographs, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also insure to the benefit of the heirs, legal representatives, licensees, and assigns of BPS, as well as the person(s) for whom he/she took the photographs.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

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Print Name or Institution Date

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Sign Name (also print name if acting on behalf of an institution) Date

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Address

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Witness Date