

**PHOTOGRAPHY RELEASE FORM**

**American Orthopaedic Society for Sports Medicine  
9400 W. Higgins Rd, Rosemont, IL 60018**

Grantor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Description of audio-visual material: \_\_\_\_\_

\_\_\_\_\_ (the "Material")

For use in, or in conjunction with, Journal: \_\_\_\_\_

Description of Use: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby authorize **The American Orthopaedic Society for Sports Medicine (AOSSM)** ("Society"), and its affiliates and licensees, to use (in whole or in part) the Material described above, for the purposes of illustration, broadcast, transmittal, display or distribution in any manner throughout the world in all media. For the avoidance of doubt, I additionally grant a non-exclusive license to Society to exercise the rights comprised in any copyright I may own in the Material, provided that such use is in conjunction with the Journal and any derivative works developed therefrom.

I release **AOSSM**, and its affiliates and licensees, from any and all claims that may arise regarding the use of the Material, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

I have read and understood this agreement and I am over the age of 18.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address/contact information

If the Grantor is under 18, please complete the following:

**Parent/Guardian Consent**

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 model release.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_