



2009 ABC/HEA International Exstrophy, Epispadias, & Hypospadias Conference



Consent, Waiver, and Release

I understand that during the event the Association for the Bladder Exstrophy Community and the Hypospadias Association; their employees, agents or volunteers may take photographs, and video recordings of the event. I consent that all photographs or video recordings taken of me or of any of my children, may be used by the Association for the Bladder Exstrophy Community to be used for publication purposes, for presentations, for display, and/or other advertisements for those agencies.

On behalf of myself, my children, my heirs and assigns, I hereby waive all rights to monetary gains from the use of that media. I also release the Association for the Bladder Exstrophy Community, and their employees, agents and volunteers from any and all liability that I may incur as a result of that usage.

_____ Date: ____/____/2009

Signature

Printed Name