



American Health Assistance Foundation Image Release Agreement and Instructions

Last reviewed 9/2009

In order to communicate the caliber of research supported by AHAF donors, the foundation makes significant efforts to detail and personify the science and investigators behind the awards. This is principally achieved through the AHAF website, but also in annual reports and public education materials.

In order to represent research consistently, AHAF asks that supported investigators provide photographs (with captions) in JPEG or TIFF format for our lay publications and website.

These photos should have a resolution of at least 300 ppi (suitable for print), and should not be copyrighted. They may be obtained using a personal digital camera, if necessary.

Any person featured in the images should also sign and submit a copy of the attached Image Release Form, so that the image can be displayed publicly.

AHAF requires:

- A full face headshot of each investigator
 - Please avoid wearing t-shirts or other items that might be construed by AHAF donors as unprofessional in appearance. A lab coat may be worn to cover such items.

If available, AHAF also appreciates any of the following types of photographs:

- Full face photographs of the investigators working in the lab.
- Photos of the investigators with members of their research team.
- "Research-art"
 - This is usually aesthetically pleasing, or otherwise compelling images from your research.

INSTRUCTIONS FOR SUBMITTING PHOTOGRAPHS.

1. Email photos as attachments to researchgrants@ahaf.org with the subject " XXX AHAF awardee photos", where XXX is the last name of the Principal Investigator followed by the Grant Reference Number.
(e.g, Smith M2008001 AHAF awardee photos).
2. Include any captions in the body of the email.
3. Please name the files using your last name and the AHAF Grant Reference Number.
(e.g., Smith2M2008001.tiff, Liu3A2008632.jpg, or Peterson1G2008-045.jpg)

IMPORTANT: LEGAL RELEASE FOR PHOTOGRAPHS

The Image Release Agreement on the following page must be completed and signed by each person featured in the images in order to enable AHAF to use your photos. Please return the signed agreement with your photos by mail, by fax, or as a scanned image attached to an email.

Attn: Communications Manager
American Health Assistance Foundation
22512 Gateway Center Dr.
Clarksburg, MD 20871
Phone: (301) 948-3244
Fax: (301) 948-4403
Email: researchgrants@ahaf.org

Due to file size restrictions, we have found that emails of greater than 10 MB, should be broken into multiple mailings. If you have difficulty emailing the files directly, please contact AHAF so that other methods can be arranged.



IMAGE RELEASE AGREEMENT

This Image Release Agreement ("Agreement") is by and between the American Health Assistance Foundation, 22512 Gateway Center Drive, Clarksburg, MD 20871 ("AHAF") and

_____ and is effective this _____ of _____.
(Your Name) (day and month) (year)

I, _____
(Please print your name here)

hereby authorize the use, reproduction and creation of derivative works by AHAF, or any individual or entity authorized by AHAF, of the image(s) ("Materials") delivered electronically or on CD to AHAF. I hereby authorize and agree that AHAF may distribute the Materials in any form and in any medium. I hereby waive any and all moral rights in the Materials, including all right of attribution.

I understand that I will not receive any compensation for use and transfer of the Materials, and that the Materials may be used by AHAF for any reason, including but not limited to public promotion and fundraising purposes at AHAF's sole and complete discretion.

I further understand and agree that the Materials shall be the property of AHAF, and that AHAF shall own all right, title and interest, including the copyright, to all the Materials. I understand that this release covers all internal and external uses of the Materials, in print, digital, internet and all other formats and media now known or to be developed.

I represent and warrant that I own the Materials, including the copyright therein, and am authorized to make this agreement. I represent and warrant that no other person or entity has any right, title or interest in the Materials.

I expressly release AHAF and its agents, employees, licensees and assigns from any and all claims which I have or may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of the Materials.

I further have obtained the same understanding and release from any other individuals depicted in the Materials.

(Please sign your name here)

Date _____
Address _____
City _____
State _____ Zip _____
Phone (____) _____
Email _____

