

# ICHP Media Release

I, \_\_\_\_\_, do hereby consent and agree that the Illinois Council of Health-System Pharmacists (ICHP) has the right to take photographs, video, and digital recordings of me and to use these in any and all media.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

ICHP intends to use such photographs, videos and audio recordings in connection with ICHP official publications, media promotions, website or social media sites including but not limited to Facebook, X, Instagram, LinkedIn, TikTok, Bluesky and YouTube, and that these images/audio may be used without further notifying me.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent publication, transmission, or playback.

I represent that I am at least 18 years of age, or a parent/guardian of \_\_\_\_\_, and have read and understand the foregoing statement, and am competent to execute this agreement.

I do not consent.

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

Parent/Guardian (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

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

