RELEASE FORM

Please read this release form and sign and return to faceahead@aocmf.org with your E-Poster by March 1, 2020.

This form must be signed by me to authorize AO CMF FACE AHEAD organizer, ie, the Craniomaxillofacial specialty of AO Foundation (hereinafter “AO CMF”) to use the text, photographs, biographical information, motion pictures, sound recordings and other recorded media of myself and my presentation(s) material (hereinafter “Materials”) for the following event:

FACE AHEAD SUMMIT 2020
26-28 March 2020
Barcelona, Spain

I herewith grant AO CMF the right to use the Materials including, without limitation, the right to distribute, adjust, promote, copy, and advertise any and all Materials as well as parts thereof in an academic format for any and all AO educational, editorial, broadcast, or other program or media within AO purposes.

I agree to use anonymous, depersonalized patient data in compliance with AO Foundation’s Terms, Conditions, Disclaimers, and User Data Clause. My material will be appropriately annotated citing that I am the author of the material being shared with the AO CMF community.

I will indemnify and hold harmless AO CMF and any of their principals, agents, servants, employees, officers, directors, licensees, distribution and/or editing personal for damage in connection with the use whatsoever of any and all Materials. I acknowledge and agree that I am entitled to no compensation for any and all rights and consents granted to AO CMF herein.

The rights and consents granted herein are worldwide within the AO community and without time limitations. This document shall be binding for the undersigned on its own. It shall form an integral part of any agreement between the undersigned and AO CMF, if any.

☐ I will allow AO to share and release any of my materials to the AO community under the controls as outlined above

☐ I will not allow AO to share and release my materials to the AO community under the controls as outlined above

Name
______________________________________________

Signature	Date
______________________________________________

______________________________________________