**Dandy Walk Photo and Liability Form 2020**

I hereby consent to the use by the Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association and those acting in permission and authority of the University of South Florida, any photographs or videos that the Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association has taken of me from the Dandy Walk. I may be included in any media, including the Internet, with limitation. Photos and videos will be used as promotions or advertisements to raise awareness of Dandy-walker syndrome.

I am fully aware that my likeliness may appear in Dandy Walker Alliance Organization to spread awareness of the syndrome and may become available to students, faculty, or staff at the University of South Florida Health and Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association to promote the community’s involvement.

I understand that any distribution of images will be compliant with USF policies, statement and values. I release USF and those acting under authority from any liability related to alteration, cropping, and publication of images.

I understand all images in which I participate including, but not limited to film, photographic prints, and digital files are exclusive to Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association. Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association will have the right to publish images.

*Please fill out the bolded sections below*

**Print name (photo subject):**

**Date:**

**Print name of parent/guardian (if minor release):**

**Date:**