

VIDEO CAMPAIGN CONSENT FORM



I, (letters in print) _____, hereby grant my consent for the use and distribution of video material featuring me, recorded for the EWMA "I wish to tell you that..." video campaign (the "Project").

CONSENT TERMS

I understand that the video recording of me may be used for various purposes related to the Project, including, but not limited to, promotion, marketing, educational, and informational materials.

I grant the European Wound Management Association (EWMA) the right to use, reproduce, distribute, and publicly display the video material, including my likeness and voice, for all lawful purposes, without any further approval or compensation.

I understand that the video material may be used on, but not limited to, the following platforms: YouTube, Facebook, Twitter/X, Instagram, LinkedIn, ewma.org

I release and discharge EWMA from any claims, liabilities, or demands arising out of the use of the video material, including any claims for defamation, invasion of privacy, or infringement of rights.

This consent is valid indefinitely unless revoked in writing by me.

REVOCACTION OF CONSENT

I understand that I may revoke this consent at any time by providing written notice to ewma@ewma.org.

Revocation of consent will not affect any actions taken before the receipt of my written notice.

CONTACT INFORMATION

For any inquiries or to revoke this consent, please contact, the EWMA Secretariat at ewma@ewma.org or +45 70 20 03 05.

PARTICIPANT'S AGREEMENT

I have read and understood the terms of this consent form, and I willingly and voluntarily agree to be recorded and to grant the permissions outlined herein.

Participant's Signature: _____

Date: _____

For participants under the age of 16.

Name of child: _____

Signature of primary caregiver: _____

Please submit this signed consent form along with your video entry to lp@ewma.org