



# chosen infertility group

## Permission to Release Information Including Photographs, Videos, Audio, Electronic or Other Media

I give Chosen Infertility Group (“Chosen”) permission to release information about me, including information about my health. This may include photographs, videos, audio, electronic or other media involving me. This Release form also allows Chosen to use excerpts from my personal statement. Such items may be released to any radio, television, internet, social media, print or other media outlets. No last names will be used without permission of the applicant(s).

I hereby assign and grant Chosen and its agents, employees, and legal representatives the irrevocable and unrestricted right to use excerpts, in whole or in part, from my personal statement for editorial, trade, advertising, marketing, educational, promotional, or any other purpose and in any manner and medium. I also give Chosen permission to alter such information without restrictions; and to copyright same.

I understand that the released information may be disclosed to media outlets and to the general public. Once released outside of Chosen, my information will no longer be protected. I hereby release Chosen, its legal representatives, agents, assigns and employees from any and all claims and liabilities relating to said excerpts and/or disclosures.

I understand that I shall not use the name, image or likeness of any other individual(s), other than my spouse or partner, in any of my application materials, without obtaining such individual(s) consent, in writing. In the event that I obtain consent from such individual(s), I agree to defend and indemnify Chosen from and against all claims or lawsuits from or relating to said individual (or his family, friends, or agents), in the event that they shall arise. Further, I understand this release is voluntary.

\_\_\_\_\_  
Applicant: Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner (if applicable): Print Name

\_\_\_\_\_  
Partner (if applicable): Signature

\_\_\_\_\_  
Date

All information submitted to Chosen Infertility Group will be held in strictest confidence and viewed only by the selection committee. We thank you for your interest in Chosen Infertility Group and wish each and every one of you the best in your attempt to build a family.