



Art Showcase Release Form

I hereby authorize the Multiple Sclerosis Association of America, and its employees, agents, representatives, assigns, and affiliates to use my artwork and biographical statement for whatever purpose, including advertising, broadcast or print publicity, promotional materials and membership materials such as newsletters and information.

I hereby provide permission to MSAA to modify, use, assign, or dispose of my submission however it chooses, throughout the world an unlimited number of times in perpetuity, in any manner, all or any portion thereof in connection with the Contest/Showcase or otherwise, without my additional approval.

I hereby provide permission and authorize MSAA to use and license to others in connection with whatever purpose, my name, voice, likeness, and any biographical material that I may provide without any additional consideration, including but not limited to making public announcements which will include the mention that I have multiple sclerosis.

I hereby waive any right of inspection or approval of my entry and the uses that may be made of my entry and I understand that I have not been promised, nor will I receive any monetary compensation for the use of my work.

I warrant that I have the full right to enter into this Contest/Showcase, and that my submission is original and does not infringe the rights of any third parties, and I will indemnify MSAA, its employees, agents, representatives, assigns, and affiliates against all costs and expenses of any kind whatsoever, including reasonable legal expenses, in connection with any claims concerning my submission.

I agree to indemnify, release and hold the Multiple Sclerosis Association of America, its employees, agents, representatives, assigns, and affiliates harmless for any claims as a result of my participation in this contest and I covenant not to sue MSAA, its employees, agents, representatives, assigns, and affiliates for any claims related to MSAA's exercise of the permissions granted hereunder. My signature below is valid.

AGREED AND ACCEPTED:

Signature

Please Print Name

Date

City, State, and Zip Code

Phone Number