



Dear Participant,

From time to time, the Hawai`i Chapter- National Hemophilia Foundation will want to use pictures and/or videos from our programs to promote bleeding disorder programs and the Hawai`i Chapter's activities. We ask permission to be able to use your image or those who have registered for that purpose.

I give my permission to use my image in print, video, or electronic media, including internet and social media. In addition: I understand that I may be in either a screenshot and/or video recording. This program may be recorded. These artifacts may be used by The Hawai`i Chapter- National Hemophilia Foundation for current or future promotions. If I do not wish for myself to be in the picture or the recording, I will immediately turn off my camera and mic. Leaving either of those two on is implied consent. It is solely my responsibility to take any necessary steps to prevent myself from being recorded.

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Hawaii Chapter, National Hemophilia Foundation

501c3 Non-Profit organization: Federal Tax ID#: 13-5641857

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