



### Grant and Release

I hereby grant to the American Neuromuscular Foundation (ANF) the right to reproduce, use, combine, display, and/or distribute the voice, verbal and written testimonials, my name, all images of me, videos, sound recordings, and written and verbal materials that I provide to the ANF (collectively, the "Materials "), in all forms and media, including composite or modified representations, for the purpose of promoting and supporting the mission of the ANF. These materials may appear in any of a wide variety of formats and media now available to the ANF and that may be available in the future, including but not limited to web and print.

I acknowledge my participation is voluntary and that no financial compensation for the use of the material is being provided. I waive the right to approve the finished product but understand that I have the right to revoke the ANF use of the material and they will then not create any new material and will cease distribution of existing material and will remove it from the website within 30 days of receiving my notice of intent to revoke their rights to the materials.

I warrant that I have the right to enter into this agreement and grant this permission to the ANF and release the ANF from any claims against them for the use of the material. I understand this includes a release of liability.

In addition to the rights granted above, I also agree that the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), a related organization to the ANF, may use the Materials I provide to promote and support the mission of the AANEM in a manner consistent with the purposes outlined herein.

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Patient Name (printed)

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Patient Signature

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Date

**If the individual is unable to sign, the section below must be completed by the person legally authorized to sign on their behalf (e.g., holding Power of Attorney):**

*This section should only be completed if the individual is unable to sign the release due to physical or cognitive limitations that prevent them from providing consent independently.*

**By signing below, I certify that I am the legally authorized representative of the individual named above and have the authority to execute this release on their behalf. I have attached documentation of my authority (e.g., general or durable Power of Attorney).**

Certification of Consent (check one):

- ☐ The individual was able to provide consent through verbal, written, or other communicative means (with or without assistance), and that consent was obtained prior to completing this form.
- ☐ The individual is unable to provide meaningful consent at this time. To the best of my knowledge, the individual would not object to the use of the materials as described in this release and would wish to support the mission of the ANF.

I understand that by signing this form, I am granting the same permissions and making the same warranties and releases as described above, on behalf of the individual.

**Authorized Representative's Name (printed):** \_\_\_\_\_

**Relationship to Individual:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_