



Release Form

By signing this release I hereby give NIHR DeNDRoN (Dementia and Neurodegenerative Diseases Research Network) my permission to license the Images/footage and to use the Images/footage in any Media for any purpose (except pornographic, defamatory, libellous or otherwise unlawful) which may include, among others, advertising, promotion and marketing.

I agree that I have no rights to the Images/footage, and all rights to the Images/footage belong to DeNDRoN. I acknowledge and agree that I have no further right to additional Consideration or accounting, and that I will make no further claim for any reason to DeNDRoN or others. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws of England, excluding the law of conflicts.

To be completed by the person being filmed / photographed.

Date:

Your Signature:

Your Printed Name:

Your Date of Birth:

(to confirm over 18 years of age)

For DeNDRoN

Your Signature:

Your Printed Name:

Position:

Date:



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