



50 Stories from 50 States Challenge 2021 Permission Form

I, _____, give my permission to the ACT (Academia-CPESN Transformation) Pharmacy Collaborative, Community Pharmacy Foundation, American Association of Colleges of Pharmacy (AACP), and the University of Pittsburgh to:

- Collate and share the story I am submitting through the 50 Stories form 50 States Challenge to be included in a publicly available online website. These stories will also be shared with all partner organizations/initiatives of the ACT Pharmacy Collaborative (which includes Community Pharmacy Foundation, AACP, CPESN, NCPA, APhA, ACCP, and Flip the Pharmacy) for use to educate and promote pharmacist provided care in the community.

- Use the photographs, video, and audio recordings submitted for this ACT 50 Stories from 50 States Challenge for the following purposes including, but not limited to, use in the online website product from the ACT 50 Stories from 50 States 2021, the ACT Master Class training modules, and/or other marketing communications materials of the ACT Pharmacy Collaborative, AACP and Community Pharmacy Foundation, and other affiliated initiatives.

I understand that I will not be paid (unless awarded Challenge reward money) for these stories, photographs, videos, or audio recordings and release the rights for these to be utilized with multiple partners noted above. I also understand that I will be appropriately recognized as a contributor of the ACT 50 Stories from 50 States Challenge 2021. I release the University of Pittsburgh and AACP, its employees, and its agents from any and all claims whatsoever of harm or otherwise that may occur from showing, using, or distributing these stories, photographs, videos, or audio recordings.

I have read this form or have had it read to me. I understand what it says and agree to its terms.

Signed: _____

Date: _____