

# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

## 54<sup>th</sup> Annual Meeting

### Audio- and Video-Taping Release Form

The AACAP has arranged to produce audiotapes/videotapes of selected presentations at the Annual Meeting. Audiotapes are sold as a service to members and others who might be interested. Videotapes are for the AACAP archive, online CME, or other enduring materials. Attached is a release permitting the recording and sale of your presentation on audiotape and/or videotape.

It must be understood that the presentation is original with the author, and that it has not been published elsewhere in the public domain, that it contains no libelous or other unlawful matters, that it does not infringe upon any rights or copyrights, nor violate any right of privacy or otherwise contravene the rights of any party or persons whatsoever. Further, it is understood that the authors shall hold the AACAP harmless against any damages which may arise out of any violation of these understandings.

We encourage those making presentations at the Annual Meeting to participate in this service. **Please sign the release form by Friday, August 24, 2007, noting your preference for recording your presentation.** If you do not wish to have your presentation audiotaped, please complete the section declining this.

# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

## Audio- and Video-Taping Release Form

### RELEASE AND AUTHORIZATION

I, the undersigned, hereby grant to a designee of the American Academy of Child and Adolescent Psychiatry, the right to record my speech, appearance and other participation in the AACAP Annual Meeting in Boston, MA, October 23-28, 2007.

They shall have the right to record my voice, lecture, speech, presentation and remarks on audio or videotape for reproduction and eventual sale and distribution on behalf of the American Academy of Child and Adolescent Psychiatry.

I hereby acknowledge and consent to the recording of my speech, appearance or other participation by any means now or hereafter known.

I also acknowledge that the AACAP shall be the sole owner of this recording for the purposes mentioned herein.

### ACCEPTED AND AGREED TO BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title of presentation (please print)

### DECLINE OF REQUEST FOR AUDIOTAPING/VIDEOTAPING

I have read this request and **do not** wish to be audiotaped or videotaped.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title of presentation (please print)

Return this by **August 24, 2007** to AACAP, 3615 Wisconsin Ave., N.W., Washington, DC 20016 or fax to 202.966.5894.