**Career Pathways photo/video submission guidelines**

Request: We are eager for photos and video representing your Career Pathways experience! We are asking for photos and/or videos of Public Health Laboratory Fellowship and Internship participants and mentors on the job. That could be in the laboratory working hard or outside enjoying the company of your colleagues. APHL will use some of the pictures for promotional materials and social media. Any photos that represent your experience are welcome! Upload the files directly using this Dropbox link.

- Please include your first, last and laboratory names in the file name.

- Please send the file in the original file format not an embedded in a document or email. If you took the photo or video with your phone, it's best to upload directly from your phone.

- Anyone who signed a fellowship or internship agreement has already given authorization for APHL to use photos/video that we capture or you share. But anyone else in the photos/videos will need to provide a signed release. Please have them complete it and upload along with your media files.

- Please don't break any internal laboratory policies! Please ask your supervisor if it is appropriate to take photos/videos in the space where photos/videos are being taken. Every submission doesn't need to be in a lab, so photos/videos in other areas of the building or even outside are perfectly fine too.

If you have any questions, please contact Michelle.Forman@aphl.org.

## AUTHORIZATION FORM

I grant permission to the Association of Public Health Laboratories, Inc. ("APHL") to publish any (1) photo, (2) video, audio or digital file, (3) story, narrative or writing, or (4) name, data or other material (collectively, the "Material") that I have taken or created for the purpose of explaining the role and value of public health laboratories, APHL's work or public health generally. I also grant permission to APHL to publish Material that APHL may take or create using my image, likeness, story, or name for the same purpose. I understand that the Material may be associated by implication with one or more public health issues, conditions, or situations.

I acknowledge that the Material may be published on any APHL communications platform including, but not limited to, APHL's print and digital publications, advertising, video, social media, blog or website. I further grant APHL a right to edit the Material at its discretion, and acknowledge that APHL may choose not to post the Material at this time but may do so later.

I hold all copyright interests in the Material I have submitted or otherwise delivered to APHL and I have not granted other licenses or permissions that would interfere with the permission I now grant to APHL. I agree to indemnify and hold harmless APHL, its assigns and any designee (including any agency, client, broadcaster, periodical or other publication) from any and all claims and demands arising out of or in connection with the use of this Material, including but not limited to any claims for defamation, invasion of privacy or infringement of copyright.

I am of legal age and have read the foregoing and fully understand the contents of this Authorization Form.

Signature: _____ _____

Printed Name: _____ Date

Address: _____

Phone Number: _____

Email Address: _____

***Witness Signature:*** _____ _____

Witness Printed Name: _____ Date

Relationship to Authorizing Party: _____

[Template Rev. – August 15, 2015]