



Association of
Immunization
Managers

IMMUNIZATION CHAMPION AWARD CONSENT WAIVER

NOTE: Witness signature is required to complete this waiver, although the witness does not have to be a notary.

I hereby grant full permission to the Department of Health and Human Services (HHS), Association of Immunization managers (AIM), and the Centers for Disease Control and Prevention (CDC), to use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them in or in connection with the production of still photographs, written materials or Internet/intranet/extranet posting, a television tape or film recording, soundtrack recording, motion picture film, in any manner for training, education, and other purposes. I understand that professional portraits and other pictures of me may be used in AIM and CDC's internal and external written materials, including the AIM and CDC websites.

Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness, voice, quote, or any written information regarding my experiences with vaccine-preventable diseases and/or immunization or any or all of them, or in connection with said AIM and CDC internal and/or external written materials, or intranet/extranet/Internet posting, television tape or film recording, soundtrack recording, motion picture film, still photograph, in whole or in edited form and any use to which the same or any materials therein may be put, applied, or adapted by the United States Government and others in the health field.

I certify that each of the following statements is true:

Please initial on the line next to each statement:

- _____ I am not entitled to royalties or other compensation for a patent on a vaccine product or process.
- _____ I have not served as a paid litigation consultant or expert witness in litigation involving a vaccine manufacturer.
- _____ I am not a county, state, or federal government employee who is paid with immunization funding.
- _____ I have not already received the *Immunization Champion Award*.

I certify that each of the following statements is true.

Please initial on the line next to each statement:

- _____ I, my spouse, or any members of my immediate family (siblings and children) have not been employed by a vaccine manufacturer.
- _____ I have not held stock in a vaccine manufacturer.
- _____ I have not served in an advisory or consulting role (paid or unpaid) to a vaccine manufacturer.
- _____ I have not been involved in introducing or passing legislation related to vaccine funding.
- _____ I have not accepted and/or solicited funds from vaccine manufacturers.
- _____ I have not accepted honoraria or travel reimbursement with a funding source from a vaccine manufacturer for attendance at scientific meetings.

PRINT NAME OF NOMINEE _____

SIGNATURE _____ DATE _____

PROJECT NAME: *Immunization Champion Award*

PRINT NAME AND TITLE OF WITNESS _____

SIGNATURE _____ DATE _____