



## Tell Us Your Concussion Story

**If you are a person who has had a high school sports-related concussion between 2006 and 2016 and are interested in sharing your story, BIA-IA would like to hear from you.**

**BIA-IA is working with the Iowa Concussion Consortium to customize concussion education materials for school professionals, parents, and medical professionals. BIA-IA is seeking to locate individuals who are potentially willing to share their story in the instructional materials that are currently being developed.**

Release of information:

I give the Brain Injury Alliance of Iowa consent and authorization to use and reproduce my name, photograph and any personal, biographical and medical information provided for the use as a concussion/brain injury story in any of its publications, including its newsletter, website, Facebook page, Twitter page, conferences and workshops.

- I understand and agree that I have submitted these materials voluntarily and that they will become the property of the Brain Injury Alliance of Iowa.
- I authorize the Brain Injury Alliance of Iowa and/or its staff to edit, alter, copy, exhibit, publish, distribute or use my story for the purpose of publicizing the Brain Injury Alliance of Iowa or for any other lawful purposes. In addition, I waive the right to inspect or approve the finished product wherein my information appears.
- I understand that, by signing this form, the Brain Injury Alliance of Iowa owns all the rights to the stories and photographs shared. I understand that I will not receive compensation from the use of the information.

<i>Print Full Name</i>				
<i>Signature</i>			<i>Date</i>	
<i>Address (street)</i>	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>	<i>(County)</i>
<i>Telephone Number</i>				

Select from the following:

- I am at least 18 years old and I am my own guardian
- I am the parent and/or guardian of the above individual and I authorize the use of his/her story and/ or image.

Signature of  
guardian \_\_\_\_\_

Date \_\_\_\_\_

